

2,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1,639	26,744	\$ 523,521.32	\$ 19.58	12.347	\$	319.42	\$ 241.70
@PHYSICIANS SERVICES	259	676	\$ 12,755.56	\$ 18.87	.312	\$	49.25	\$ 5.89
OUTPATIENT VISITS	7	8	264.30	33.04	.004		37.76	.12
OFFICE VISITS	7	8	264.30	33.04	.004		37.76	.12
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	255	668	12,491.26	18.70	.308		48.99	5.77
@PHARMACY	1,416	17,133	\$ 395,803.60	\$ 23.10	7.910	\$	279.52	\$ 182.73
PRESCRIPTION DRUGS	1,388	5,078	383,453.44	75.51	2.344		276.26	177.03
SNF/ICF	8	60	4,704.33	78.41	.028		588.04	2.17
OUTPATIENTS	1,380	5,018	378,749.11	75.48	2.317		274.46	174.86
MEDICAL SUPPLIES	136	12,055	12,350.16	1.02	5.566		90.81	5.70
@DENTIST	34	101	\$ 6,254.00	\$ 61.92	.047	\$	183.94	\$ 2.89
VISITS - DIAGNOSTIC	19	45	608.00	13.51	.021		32.00	.28
ORAL SURGERY	7	32	1,671.00	52.22	.015		238.71	.77
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	2	2	.00	.00	.001		.00	.00
RESTORATIVE DENTISTRY	2	4	55.00	13.75	.002		27.50	.03
PROSTHETICS	1	1	30.00	30.00	.000		30.00	.01
DENTURES, STAYPLATES	9	14	3,890.00	277.86	.006		432.22	1.80
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001		.00	.00

2,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	46	107	\$ 2,262.76	\$ 21.15	.049	\$ 49.19	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	10	9	427.05	47.45	.004	42.71	.20
EYE APPLIANCES	34	94	1,589.61	16.91	.043	46.75	.73
OTHER OPTOMETRIC SERVICES	7	4	246.10	61.53	.002	35.16	.11
@CHIROPRACTOR	2	6	\$ 23.01	\$ 3.84	.003	\$ 11.51	\$ .01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	6	23.01	3.84	.003	11.51	.01
@PODIATRIST	54	82	\$ 975.35	\$ 11.89	.038	\$ 18.06	\$ .45
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	54	82	975.35	11.89	.038	18.06	.45
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	188	539	\$ 31,351.40	\$ 58.17	.249	\$ 166.76	\$ 14.47
HOSP INPATIENT TOTAL	30	75	24,473.15	326.31	.035	815.77	11.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	30	75	24,473.15	326.31	.035	815.77	11.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	184	464	6,878.25	14.82	.214	37.38	3.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	7.70	7.70	.000	7.70	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	183	463	6,870.55	14.84	.214	37.54	3.17
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	188	539	\$	31,351.40	\$ 58.17	.249	\$ 166.76	\$ 14.47
COMM HOSP INPATIENT TOTAL	30	75		24,473.15	326.31	.035	815.77	11.30
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	30	75		24,473.15	326.31	.035	815.77	11.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	184	464		6,878.25	14.82	.214	37.38	3.18
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		7.70	7.70	.000	7.70	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	183	463		6,870.55	14.84	.214	37.54	3.17
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	162	\$	26,031.77	\$ 160.69	.075	\$ 2169.31	\$ 12.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	162		26,031.77	160.69	.075	2169.31	12.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$ 389.79	.001	\$ 779.57	\$ .36
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2		779.57	389.79	.001	779.57	.36
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	16	\$	187.81	\$ 11.74	.007	\$ 13.42	\$ .09
PATHOLOGY	10	12		165.30	13.78	.006	16.53	.08
XO AND OTHERS	4	4		22.51	5.63	.002	5.63	.01
@ORGANIZED OUTPATIENT CLINIC	372	545	\$	26,977.26	\$ 49.50	.252	\$ 72.52	\$ 12.45
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	372	545		26,977.26	49.50	.252	72.52	12.45

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

	2,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	324		7,375	\$ 20,119.23	\$ 2.73	3.405	\$ 62.10	\$ 9.29
DURABLE MED. EQUIP.	8		11	586.62	53.33	.005	73.33	.27
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	385.07	385.07	.000	385.07	.18
MEDICAL TRANSPORTATION	12		1,141	1,816.29	1.59	.527	151.36	.84
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	7		1,098	1,768.14	1.61	.507	252.59	.82

OTHER SERVICES	5	43	48.15	1.12	.020	9.63	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	130	1,802.85	13.87	.060	30.05	.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.000	3.86	.00
PROSTHETICS	1	1	3.86	3.86	.000	3.86	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	11	2,392.87	217.53	.005	265.87	1.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	250	6,080	13,131.67	2.16	2.807	52.53	6.06
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	615	4,350	66,598.39	15.31	2.008	108.29	30.75

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,245  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

341 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	273	12,809	\$ 199,648.07	\$ 15.59	37.563	\$ 731.31	\$ 585.48
@PHYSICIANS SERVICES	72	145	\$ 9,246.76	\$ 63.77	.425	\$ 128.43	\$ 27.12
OUTPATIENT VISITS	26	35	1,463.03	41.80	.103	56.27	4.29
OFFICE VISITS	23	29	1,084.45	37.39	.085	47.15	3.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	378.58	63.10	.018	94.65	1.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	249.33	49.87	.015	49.87	.73
EXAMINATIONS	5	5	249.33	49.87	.015	49.87	.73
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	340.65	113.55	.009	113.55	1.00
PRINCIPAL SURGEON	3	3	340.65	113.55	.009	113.55	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	90.65	45.33	.006	45.33	.27
RADIOLOGY	14	16	431.68	26.98	.047	30.83	1.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	24		5,635.56	234.82	.070	1408.89	16.53
OTHER SERVICES/ALL X-OVERS	39	60		1,035.86	17.26	.176	26.56	3.04
@PHARMACY	236	10,944	\$	78,946.21	\$ 7.21	32.094	\$ 334.52	\$ 231.51
PRESCRIPTION DRUGS	232	910		69,240.51	76.09	2.669	298.45	203.05
SNF/ICF	6	44		1,286.60	29.24	.129	214.43	3.77
OUTPATIENTS	227	866		67,953.91	78.47	2.540	299.36	199.28
MEDICAL SUPPLIES	63	10,034		9,705.70	.97	29.425	154.06	28.46
@DENTIST	7	24	\$	870.00	\$ 36.25	.070	\$ 124.29	\$ 2.55
VISITS - DIAGNOSTIC	5	14		345.00	24.64	.041	69.00	1.01
ORAL SURGERY	2	3		215.00	71.67	.009	107.50	.63
DRUGS	1	3		45.00	15.00	.009	45.00	.13
ANESTHESIA	1	1		100.00	100.00	.003	100.00	.29
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	3	165.00	55.00	.009	55.00	.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,246  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

341 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	17	\$ 669.15	\$ 39.36	.050	\$ 95.59	\$ 1.96
DIAGNOSTIC AND ANC. PROCED	3	3	117.49	39.16	.009	39.16	.34
EYE APPLIANCES	5	14	551.66	39.40	.041	110.33	1.62
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.009	\$ 25.08	\$ .15
VISITS	1	1	16.72	16.72	.003	16.72	.05
OTHER SERVICES	1	2	33.44	16.72	.006	33.44	.10
@PODIATRIST	2	2	\$ 96.71	\$ 48.36	.006	\$ 48.36	\$ .28
MEDICINE/INJECTIONS	2	2	96.71	48.36	.006	48.36	.28
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 37.43	\$ 37.43	.003	\$ 37.43	\$ .11
NURSE ANESTHESIST	2	8	175.66	21.96	.023	87.83	.52
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	66	531	\$ 38,676.30	\$ 72.84	1.557	\$ 586.00	\$ 113.42
HOSP INPATIENT TOTAL	9	40	27,248.00	681.20	.117	3027.56	79.91
HSC HOSPITALS	2	8	13,506.00	1688.25	.023	6753.00	39.61
NON-HSC HOSPITAL TOTAL	2	10	9,570.00	957.00	.029	4785.00	28.06
ACCOMMODATIONS	2	10	9,570.00	957.00	.029	4785.00	28.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.029	4785.00	28.06
ANCILLARIES	2	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.065	834.40	12.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	63	491	11,428.30	23.28	1.440	181.40	33.51
MEDICAL	20	48	2,301.18	47.94	.141	115.06	6.75
SURGERY	8	11	694.94	63.18	.032	86.87	2.04
PATHOLOGY	19	157	2,103.57	13.40	.460	110.71	6.17
RADIOLOGY	22	30	1,578.84	52.63	.088	71.77	4.63
ROOM USE	28	48	1,666.60	34.72	.141	59.52	4.89
CROSSOVERS/ALL OTH OUTPTNT	42	197	3,083.17	15.65	.578	73.41	9.04
@COUNTY HOSPITAL TOTAL	1	3	\$ 4,056.00	\$ 1352.00	.009	\$ 4056.00	\$ 11.89
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.00	1352.00	.009	4056.00	11.89
HSC HOSPITALS	1	3	4,056.00	1352.00	.009	4056.00	11.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,247
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20	----- MONTHLY AVERAGE -----		
341 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	528	\$ 34,620.30	\$ 65.57	1.548	\$ 524.55	\$ 101.53
COMM HOSP INPATIENT TOTAL	8	37	23,192.00	626.81	.109	2899.00	68.01
HSC HOSPITALS	1	5	9,450.00	1890.00	.015	9450.00	27.71
NON-HSC HOSPITALS TOTAL	2	10	9,570.00	957.00	.029	4785.00	28.06
ACCOMMODATIONS	2	10	9,570.00	957.00	.029	4785.00	28.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.029	4785.00	28.06
ANCILLARIES	2	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.065	834.40	12.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	63	491	11,428.30	23.28	1.440	181.40	33.51
MEDICAL	20	48	2,301.18	47.94	.141	115.06	6.75
SURGERY	8	11	694.94	63.18	.032	86.87	2.04
PATHOLOGY	19	157	2,103.57	13.40	.460	110.71	6.17
RADIOLOGY	22	30	1,578.84	52.63	.088	71.77	4.63
ROOM USE	28	48	1,666.60	34.72	.141	59.52	4.89
CROSSOVERS/ALL OTH OUTPTNT	42	197	3,083.17	15.65	.578	73.41	9.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	334	\$ 45,284.72	\$ 135.58	.979	\$ 6469.25	\$ 132.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	334	45,284.72	135.58	.979	6469.25	132.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	33	\$ 522.77	\$ 15.84	.097	\$ 52.28	\$ 1.53
PATHOLOGY	10	33	522.77	15.84	.097	52.28	1.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	80	128	\$ 9,634.07	\$ 75.27	.375	\$ 120.43	\$ 28.25
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	80	128	9,634.07	75.27	.375	120.43	28.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,248
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20			

341 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	54	639	\$ 15,438.13	\$ 24.16	1.874	\$ 285.89	\$ 45.27
DURABLE MED. EQUIP.	3	22	6,291.15	285.96	.065	2097.05	18.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	332	5,249.74	15.81	.974	308.81	15.40
AMBULANCES/AIR TRANS	12	266	3,421.03	12.86	.780	285.09	10.03
OTHER TRANS	3	24	189.48	7.90	.070	63.16	.56
OTHER SERVICES	3	42	1,639.23	39.03	.123	546.41	4.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	24	1,524.70	63.53	.070	138.61	4.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	264.56	132.28	.006	132.28	.78
PROSTHETICS	2	2	264.56	132.28	.006	132.28	.78
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	140.08	35.02	.012	46.69	.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9	55.08	6.12	.026	18.36	.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	245	1,807.82	7.38	.718	90.39	5.30
@CALIF. CHILDREN SERVICES*	17	502	\$ 30,183.66	\$ 60.13	1.472	\$ 1775.51	\$ 88.52
@XOVER EXCLUDING STATE HOSP**	66	1,619	\$ 17,325.22	\$ 10.70	4.748	\$ 262.50	\$ 50.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED  
AID CODE 60  
PAGE 2,249  
01/29/04

20,141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,045	446,991	\$ 12,118,584.92	\$ 27.11	22.193	\$ 755.29	\$ 601.69
@PHYSICIANS SERVICES	3,092	8,848	\$ 371,167.37	\$ 41.95	.439	\$ 120.04	\$ 18.43
OUTPATIENT VISITS	1,332	1,907	68,346.81	35.84	.095	51.31	3.39
OFFICE VISITS	1,229	1,731	60,042.47	34.69	.086	48.85	2.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	92	114	6,285.08	55.13	.006	68.32	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	27	936.84	34.70	.001	156.14	.05
OTHER OUTPATIENT	32	35	1,082.42	30.93	.002	33.83	.05
INPATIENT VISITS	133	519	28,335.39	54.60	.026	213.05	1.41
HOSPITAL VISITS	126	422	18,898.75	44.78	.021	149.99	.94
CRITICAL CARE	19	89	9,064.94	101.85	.004	477.10	.45
SNF/ICF/TRANS IP CARE	5	8	371.70	46.46	.000	74.34	.02
OPHTHALMOLOGICAL SERVICES	126	151	6,286.40	41.63	.007	49.89	.31
EXAMINATIONS	126	151	6,286.40	41.63	.007	49.89	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	113	443	58,109.72	131.17	.022	514.25	2.89
PRINCIPAL SURGEON	98	151	51,152.73	338.76	.007	521.97	2.54



ASSISTANT SURGEON	7	7		1,497.29	213.90	.000	213.90	.07
ANESTHESIOLOGIST	17	285		5,459.70	19.16	.014	321.16	.27
OUTPATIENT SURGERY	362	712		90,413.33	126.99	.035	249.76	4.49
PRINCIPAL SURGEON	349	498		86,498.92	173.69	.025	247.85	4.29
ASSISTANT SURGEON	1	1		133.78	133.78	.000	133.78	.01
ANESTHESIOLOGIST	22	213		3,780.63	17.75	.011	171.85	.19
DIALYSIS	12	33		2,841.08	86.09	.002	236.76	.14
PATHOLOGY	387	864		13,082.87	15.14	.043	33.81	.65
RADIOLOGY	635	1,018		33,159.35	32.57	.051	52.22	1.65
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	101		9,887.93	97.90	.005	193.88	.49
OTHER SERVICES/ALL X-OVERS	1,228	3,100		60,704.49	19.58	.154	49.43	3.01
@PHARMACY	13,543	194,278	\$	6,350,915.04	\$ 32.69	9.646	\$ 468.94	\$ 315.32
PRESCRIPTION DRUGS	13,416	57,475		6,220,396.98	108.23	2.854	463.66	308.84
SNF/ICF	70	696		46,657.68	67.04	.035	666.54	2.32
OUTPATIENTS	13,356	56,779		6,173,739.30	108.73	2.819	462.24	306.53
MEDICAL SUPPLIES	1,090	136,803		130,518.06	.95	6.792	119.74	6.48
@DENTIST	337	1,558	\$	87,073.97	\$ 55.89	.077	\$ 258.38	\$ 4.32
VISITS - DIAGNOSTIC	220	643		8,983.70	13.97	.032	40.84	.45
ORAL SURGERY	76	596		34,367.00	57.66	.030	452.20	1.71
DRUGS	4	4		25.00	6.25	.000	6.25	.00
ANESTHESIA	33	33		3,300.00	100.00	.002	100.00	.16
PERIODONTICS	12	13		958.00	73.69	.001	79.83	.05
ENDODONTICS	7	9		1,870.00	207.78	.000	267.14	.09
RESTORATIVE DENTISTRY	81	143		9,123.00	63.80	.007	112.63	.45
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	55	106		28,447.27	268.37	.005	517.22	1.41
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	11		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,250
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
	AID CODE 60							

----- MONTHLY AVERAGE -----								
20,141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	652	1,730	\$ 39,348.26	\$ 22.74	.086	\$ 60.35	\$ 1.95	
DIAGNOSTIC AND ANC. PROCED	356	366	16,019.40	43.77	.018	45.00	.80	
EYE APPLIANCES	511	1,344	22,348.60	16.63	.067	43.74	1.11	
OTHER OPTOMETRIC SERVICES	22	20	980.26	49.01	.001	44.56	.05	
@CHIROPRACTOR	202	425	\$ 6,897.05	\$ 16.23	.021	\$ 34.14	\$ .34	
VISITS	180	393	6,445.56	16.40	.020	35.81	.32	
OTHER SERVICES	22	32	451.49	14.11	.002	20.52	.02	
@PODIATRIST	211	341	\$ 8,806.70	\$ 25.83	.017	\$ 41.74	\$ .44	
MEDICINE/INJECTIONS	129	157	4,101.85	26.13	.008	31.80	.20	
SURGERY/ANES.	3	4	616.16	154.04	.000	205.39	.03	
RADIO./PATHOLOGY	14	24	416.92	17.37	.001	29.78	.02	
OTHER	84	156	3,671.77	23.54	.008	43.71	.18	
@HOME HEALTH AGENCY	110	650	\$ 41,382.53	\$ 63.67	.032	\$ 376.20	\$ 2.05	
NURSE ANESTHESIST	148	825	\$ 14,051.36	\$ 17.03	.041	\$ 94.94	\$ .70	
NURSE MIDWIFE	8	14	\$ 2,588.00	\$ 184.86	.001	\$ 323.50	\$ .13	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	3,637	18,340	\$ 3,140,373.76	\$ 171.23	.911	\$ 863.45	\$ 155.92	
HOSP INPATIENT TOTAL	335	1,510	2,608,431.52	1727.44	.075	7786.36	129.51	
HSC HOSPITALS	20	131	185,607.01	1416.85	.007	9280.35	9.22	
NON-HSC HOSPITAL TOTAL	214	1,033	2,340,081.18	2265.33	.051	10934.96	116.18	
ACCOMMODATIONS	213	1,033	773,889.76	749.17	.051	3633.29	38.42	

ADMINISTRATIVE DAYS	18	78	18,041.40	231.30	.004	1002.30	.90
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	955	755,848.36	791.46	.047	3723.39	37.53
ANCILLARIES	214	0	1,566,191.42	.00	.000	7318.65	77.76
INPATIENT CROSSOVERS	104	346	82,743.33	239.14	.017	795.61	4.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,504	16,830	531,942.24	31.61	.836	151.81	26.41
MEDICAL	1,139	1,958	119,128.16	60.84	.097	104.59	5.91
SURGERY	275	363	20,022.27	55.16	.018	72.81	.99
PATHOLOGY	1,235	5,799	69,510.43	11.99	.288	56.28	3.45
RADIOLOGY	1,345	2,086	148,475.97	71.18	.104	110.39	7.37
ROOM USE	1,268	1,973	80,452.35	40.78	.098	63.45	3.99
CROSSOVERS/ALL OTH OUTPTNT	1,784	4,651	94,353.06	20.29	.231	52.89	4.68
@COUNTY HOSPITAL TOTAL	11	67	\$ 9,300.18	\$ 138.81	.003	\$ 845.47	\$ .46
CO HOSPITAL INPATIENT TOTAL	3	7	7,570.01	1081.43	.000	2523.34	.38
HSC HOSPITALS	3	7	7,570.01	1081.43	.000	2523.34	.38

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	60	1,730.17	28.84	.003	192.24	.09
MEDICAL	2	3	128.95	42.98	.000	64.48	.01
SURGERY	1	1	5.81	5.81	.000	5.81	.00
PATHOLOGY	3	23	322.53	14.02	.001	107.51	.02
RADIOLOGY	1	3	382.52	127.51	.000	382.52	.02
ROOM USE	5	8	282.12	35.27	.000	56.42	.01
CROSSOVERS/ALL OTH OUTPTNT	6	22	608.24	27.65	.001	101.37	.03

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

PAGE 2,251  
01/29/04

AID CODE 60

	20,141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,632	18,273	\$	3,131,073.58	\$ 171.35	.907	\$ 862.08	\$ 155.46
COMM HOSP INPATIENT TOTAL	333	1,503		2,600,861.51	1730.45	.075	7810.39	129.13
HSC HOSPITALS	17	124		178,037.00	1435.78	.006	10472.76	8.84
NON-HSC HOSPITALS TOTAL	214	1,033		2,340,081.18	2265.33	.051	10934.96	116.18
ACCOMMODATIONS	213	1,033		773,889.76	749.17	.051	3633.29	38.42
ADMINISTRATIVE DAYS	18	78		18,041.40	231.30	.004	1002.30	.90
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	203	955		755,848.36	791.46	.047	3723.39	37.53
ANCILLARIES	214	0		1,566,191.42	.00	.000	7318.65	77.76
INPATIENT CROSSOVERS	104	346		82,743.33	239.14	.017	795.61	4.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,499	16,770		530,212.07	31.62	.833	151.53	26.33
MEDICAL	1,137	1,955		118,999.21	60.87	.097	104.66	5.91
SURGERY	275	362		20,016.46	55.29	.018	72.79	.99
PATHOLOGY	1,233	5,776		69,187.90	11.98	.287	56.11	3.44
RADIOLOGY	1,345	2,083		148,093.45	71.10	.103	110.11	7.35
ROOM USE	1,265	1,965		80,170.23	40.80	.098	63.38	3.98
CROSSOVERS/ALL OTH OUTPTNT	1,780	4,629		93,744.82	20.25	.230	52.67	4.65
@STATE HOSPITAL	7	285	\$	139,288.43	\$ 488.73	.014	\$ 19898.35	\$ 6.92
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285		139,288.43	488.73	.014	19898.35	6.92
@NURSING FACILITY	39	1,205	\$	161,748.17	\$ 134.23	.060	\$ 4147.39	\$ 8.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553.15	.002	22126.00	1.10
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	38	1,165		139,622.17	119.85	.058	3674.27	6.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	1,547	\$	63,389.02	\$ 40.98	.077	\$ 1173.87	\$ 3.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	1,547		63,389.02	40.98	.077	1173.87	3.15
@REHABILITATION FACILITY	32	202	\$	5,124.39	\$ 25.37	.010	\$ 160.14	\$ .25
HOSPITAL BASED	32	202		5,124.39	25.37	.010	160.14	.25
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,449	5,309	\$	72,758.98	\$ 13.70	.264	\$ 50.21	\$ 3.61

PATHOLOGY	1,444	5,292		72,620.01		13.72	.263	50.29	3.61
XO AND OTHERS	5	17		138.97		8.17	.001	27.79	.01
@ORGANIZED OUTPATIENT CLINIC	6,674	11,290	\$	1,051,535.96	\$	93.14	.561	\$ 157.56	\$ 52.21
CLINIC	15	41		1,549.20		37.79	.002	103.28	.08
SURGICENTER	0	0		85.00CR		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6,666	11,249		1,050,071.76		93.35	.559	157.53	52.14

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 2,252 01/29/04

20,141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,472	200,144	\$ 562,135.93	\$ 2.81	9.937	\$ 227.40	\$ 27.91
DURABLE MED. EQUIP.	212	527	109,584.52	207.94	.026	516.91	5.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,717.74	156.16	.001	245.39	.09
MEDICAL TRANSPORTATION	531	101,862	256,874.44	2.52	5.057	483.76	12.75
AMBULANCES/AIR TRANS	431	8,430	95,276.83	11.30	.419	221.06	4.73
OTHER TRANS	81	93,192	138,977.92	1.49	4.627	1715.78	6.90
OTHER SERVICES	42	240	22,619.69	94.25	.012	538.56	1.12
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.012	1448.85	.86
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	6	31	5,123.97	165.29	.002	854.00	.25
OCCUPATIONAL THERAPIST	2	16	304.48	19.03	.001	152.24	.02
OPTICIAN	567	1,283	15,835.41	12.34	.064	27.93	.79
PHYSICAL THERAPIST	198	1,677	26,115.01	15.57	.083	131.89	1.30
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	41	136	16,984.42	124.89	.007	414.25	.84
PROSTHETICS	41	136	16,984.42	124.89	.007	414.25	.84
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	44	4,943.80	112.36	.002	190.15	.25
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	269	6,211	48,904.76	7.87	.308	181.80	2.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	794	88,086	57,272.14	.65	4.373	72.13	2.84
@CALIF. CHILDREN SERVICES*	95	4,807	\$ 156,948.80	\$ 32.65	.239	\$ 1652.09	\$ 7.79
@XOVER EXCLUDING STATE HOSP**	1,967	18,035	\$ 212,477.78	\$ 11.78	.895	\$ 108.02	\$ 10.55

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 2,253 01/29/04

26,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,706	75,580	\$ 3,961,987.20	\$ 52.42	2.812	\$ 311.82	\$ 147.43
@PHYSICIANS SERVICES	1,597	3,579	\$ 173,814.36	\$ 48.57	.133	\$ 108.84	\$ 6.47
OUTPATIENT VISITS	769	1,007	35,724.74	35.48	.037	46.46	1.33
OFFICE VISITS	669	874	29,471.70	33.72	.033	44.05	1.10
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	80	91	4,585.29	50.39	.003	57.32	.17
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	9	12	444.35	37.03	.000	49.37	.02

OTHER OUTPATIENT	25	28		1,141.08	40.75	.001	45.64	.04
INPATIENT VISITS	89	300		18,158.58	60.53	.011	204.03	.68
HOSPITAL VISITS	83	258		13,117.35	50.84	.010	158.04	.49
CRITICAL CARE	11	41		5,006.05	122.10	.002	455.10	.19
SNF/ICF/TRANS IP CARE	1	1		35.18	35.18	.000	35.18	.00
OPHTHALMOLOGICAL SERVICES	30	33		1,409.41	42.71	.001	46.98	.05
EXAMINATIONS	30	33		1,409.41	42.71	.001	46.98	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	249		33,654.57	135.16	.009	494.92	1.25
PRINCIPAL SURGEON	53	64		28,521.51	445.65	.002	538.14	1.06
ASSISTANT SURGEON	6	6		1,048.99	174.83	.000	174.83	.04
ANESTHESIOLOGIST	15	179		4,084.07	22.82	.007	272.27	.15
OUTPATIENT SURGERY	246	449		44,304.50	98.67	.017	180.10	1.65
PRINCIPAL SURGEON	236	332		41,848.81	126.05	.012	177.33	1.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	117		2,455.69	20.99	.004	163.71	.09
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	140	216		4,778.90	22.12	.008	34.14	.18
RADIOLOGY	472	662		16,478.15	24.89	.025	34.91	.61
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	49		1,930.01	39.39	.002	74.23	.07
OTHER SERVICES/ALL X-OVERS	345	614		17,375.50	28.30	.023	50.36	.65
@PHARMACY	6,660	25,023	\$	868,456.87	34.71	.931	130.40	\$ 32.32
PRESCRIPTION DRUGS	6,631	16,117		854,591.13	53.02	.600	128.88	31.80
SNF/ICF	1	2		203.00	101.50	.000	203.00	.01
OUTPATIENTS	6,630	16,115		854,388.13	53.02	.600	128.87	31.79
MEDICAL SUPPLIES	122	8,906		13,865.74	1.56	.331	113.65	.52
@DENTIST	364	2,392	\$	82,737.91	34.59	.089	227.30	\$ 3.08
VISITS - DIAGNOSTIC	302	1,314		20,408.75	15.53	.049	67.58	.76
ORAL SURGERY	79	376		23,456.00	62.38	.014	296.91	.87
DRUGS	2	3		55.00	18.33	.000	27.50	.00
ANESTHESIA	22	23		2,200.00	95.65	.001	100.00	.08
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	35	80		5,655.00	70.69	.003	161.57	.21
RESTORATIVE DENTISTRY	145	556		27,046.00	48.64	.021	186.52	1.01
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	21		3,517.16	167.48	.001	390.80	.13
SPACE MAINTAINERS	1	1		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		150.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	5		175.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	10	10		75.00	7.50	.000	7.50	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G							

PAGE 2,254  
01/29/04

26,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	445	1,200	\$ 28,450.11	\$ 23.71	.045	\$ 63.93	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	332	333	15,569.45	46.76	.012	46.90	.58
EYE APPLIANCES	319	866	12,868.66	14.86	.032	40.34	.48
OTHER OPTOMETRIC SERVICES	1	1	12.00	12.00	.000	12.00	.00
@CHIROPRACTOR	131	244	\$ 4,046.24	\$ 16.58	.009	\$ 30.89	\$ .15
VISITS	131	244	4,046.24	16.58	.009	30.89	.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	59	81	\$ 3,104.95	\$ 38.33	.003	\$ 52.63	\$ .12
MEDICINE/INJECTIONS	53	60	1,866.75	31.11	.002	35.22	.07
SURGERY/ANES.	3	4	400.97	100.24	.000	133.66	.01
RADIO./PATHOLOGY	7	9	157.42	17.49	.000	22.49	.01
OTHER	4	8	679.81	84.98	.000	169.95	.03

@HOME HEALTH AGENCY	13	89	\$	6,374.37	\$	71.62	.003	\$	490.34	\$	.24
NURSE ANESTHESIST	175	842	\$	16,061.50	\$	19.08	.031	\$	91.78	\$	.60
NURSE MIDWIFE	72	145	\$	25,009.74	\$	172.48	.005	\$	347.36	\$	.93
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,875	15,424	\$	1,410,827.10	\$	91.47	.574	\$	490.72	\$	52.50
HOSP INPATIENT TOTAL	151	638		944,496.40		1480.40	.024		6254.94		35.15
HSC HOSPITALS	9	112		180,439.02		1611.06	.004		20048.78		6.71
NON-HSC HOSPITAL TOTAL	142	526		764,057.38		1452.58	.020		5380.69		28.43
ACCOMMODATIONS	142	526		339,623.10		645.67	.020		2391.71		12.64
ADMINISTRATIVE DAYS	4	11		2,544.30		231.30	.000		636.08		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	141	515		337,078.80		654.52	.019		2390.63		12.54
ANCILLARIES	142	0		424,434.28		.00	.000		2988.97		15.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,806	14,786		466,330.70		31.54	.550		166.19		17.35
MEDICAL	1,413	1,847		104,296.72		56.47	.069		73.81		3.88
SURGERY	333	427		24,454.07		57.27	.016		73.44		.91
PATHOLOGY	984	3,799		48,047.60		12.65	.141		48.83		1.79
RADIOLOGY	1,024	1,371		77,538.85		56.56	.051		75.72		2.89
ROOM USE	1,847	2,656		101,133.99		38.08	.099		54.76		3.76
CROSSOVERS/ALL OTH OUTPTNT	1,438	4,686		110,859.47		23.66	.174		77.09		4.13
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,255
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----											
26,874 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	2,875	15,424	\$ 1,410,827.10	\$ 91.47	.574	\$ 490.72	\$ 52.50				
COMM HOSP INPATIENT TOTAL	151	638	944,496.40	1480.40	.024	6254.94	35.15				
HSC HOSPITALS	9	112	180,439.02	1611.06	.004	20048.78	6.71				
NON-HSC HOSPITALS TOTAL	142	526	764,057.38	1452.58	.020	5380.69	28.43				
ACCOMMODATIONS	142	526	339,623.10	645.67	.020	2391.71	12.64				
ADMINISTRATIVE DAYS	4	11	2,544.30	231.30	.000	636.08	.09				
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
ALL OTHER ACCOM	141	515	337,078.80	654.52	.019	2390.63	12.54				
ANCILLARIES	142	0	424,434.28	.00	.000	2988.97	15.79				
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00				
COMM HOSP OUTPATIENT TOTAL	2,806	14,786	466,330.70	31.54	.550	166.19	17.35				
MEDICAL	1,413	1,847	104,296.72	56.47	.069	73.81	3.88				

SURGERY	333	427		24,454.07		57.27	.016	73.44	.91
PATHOLOGY	984	3,799		48,047.60		12.65	.141	48.83	1.79
RADIOLOGY	1,024	1,371		77,538.85		56.56	.051	75.72	2.89
ROOM USE	1,847	2,656		101,133.99		38.08	.099	54.76	3.76
CROSSOVERS/ALL OTH OUTPTNT	1,438	4,686		110,859.47		23.66	.174	77.09	4.13
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	27	217	\$ 5,627.08	\$ 25.93	.008	\$ 208.41	\$ .21
HOSPITAL BASED	27	217	5,627.08	25.93	.008	208.41	.21
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	852	2,596	\$ 41,297.31	\$ 15.91	.097	\$ 48.47	\$ 1.54
PATHOLOGY	852	2,596	41,297.31	15.91	.097	48.47	1.54
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,980	10,238	\$ 1,172,138.41	\$ 114.49	.381	\$ 167.93	\$ 43.62
CLINIC	22	106	4,387.94	41.40	.004	199.45	.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,968	10,132	1,167,750.47	115.25	.377	167.59	43.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,256
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,874 ELIGIBLES							
@ALL OTHER PROVIDERS	1,221	13,510	\$ 124,041.25	\$ 9.18	.503	\$ 101.59	\$ 4.62
DURABLE MED. EQUIP.	53	96	9,120.89	95.01	.004	172.09	.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	173	2,472	44,840.57	18.14	.092	259.19	1.67
AMBULANCES/AIR TRANS	170	2,461	31,453.07	12.78	.092	185.02	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	12	11	13,387.50	1217.05	.000	1115.63	.50
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34	34	3,517.50	103.46	.001	103.46	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	6	58	831.12	14.33	.002	138.52	.03
OPTICIAN	294	641	5,768.78	9.00	.024	19.62	.21
PHYSICAL THERAPIST	68	430	7,378.50	17.16	.016	108.51	.27
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	24	3,606.65	150.28	.001	240.44	.13
PROSTHETICS	15	24	3,606.65	150.28	.001	240.44	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	41	93	4,286.43	46.09	.003	104.55	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	534	4,235	39,264.29	9.27	.158	73.53	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	5,426	5,399.49	1.00	.202	163.62	.20
@CALIF. CHILDREN SERVICES*	65	432	\$ 209,223.41	\$ 484.31	.016	\$ 3218.82	\$ 7.79
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 91.34	\$ 30.45	.000	\$ 45.67	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,257
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----



49,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,663	562,124	\$ 16,803,741.51	\$ 29.89	11.351	\$ 548.01	\$ 339.32
@PHYSICIANS SERVICES	5,020	13,248	\$ 566,984.05	\$ 42.80	.268	\$ 112.95	\$ 11.45
OUTPATIENT VISITS	2,134	2,957	105,798.88	35.78	.060	49.58	2.14
OFFICE VISITS	1,928	2,642	90,862.92	34.39	.053	47.13	1.83
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	176	211	11,248.95	53.31	.004	63.91	.23
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRI PERI	15	39	1,381.19	35.42	.001	92.08	.03
OTHER OUTPATIENT	57	63	2,223.50	35.29	.001	39.01	.04
INPATIENT VISITS	222	819	46,493.97	56.77	.017	209.43	.94
HOSPITAL VISITS	209	680	32,016.10	47.08	.014	153.19	.65
CRITICAL CARE	30	130	14,070.99	108.24	.003	469.03	.28
SNF/ICF/TRANS IP CARE	6	9	406.88	45.21	.000	67.81	.01
OPHTHALMOLOGICAL SERVICES	161	189	7,945.14	42.04	.004	49.35	.16
EXAMINATIONS	161	189	7,945.14	42.04	.004	49.35	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	181	692	91,764.29	132.61	.014	506.99	1.85
PRINCIPAL SURGEON	151	215	79,674.24	370.58	.004	527.64	1.61
ASSISTANT SURGEON	13	13	2,546.28	195.87	.000	195.87	.05
ANESTHESIOLOGIST	32	464	9,543.77	20.57	.009	298.24	.19
OUTPATIENT SURGERY	611	1,164	135,058.48	116.03	.024	221.04	2.73
PRINCIPAL SURGEON	588	833	128,688.38	154.49	.017	218.86	2.60
ASSISTANT SURGEON	1	1	133.78	133.78	.000	133.78	.00
ANESTHESIOLOGIST	37	330	6,236.32	18.90	.007	168.55	.13
DIALYSIS	12	33	2,841.08	86.09	.001	236.76	.06
PATHOLOGY	529	1,082	17,952.42	16.59	.022	33.94	.36
RADIOLOGY	1,121	1,696	50,069.18	29.52	.034	44.66	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	81	174	17,453.50	100.31	.004	215.48	.35
OTHER SERVICES/ALL X-OVERS	1,867	4,442	91,607.11	20.62	.090	49.07	1.85
@PHARMACY	21,855	247,378	\$ 7,694,121.72	\$ 31.10	4.995	\$ 352.05	\$ 155.37
PRESCRIPTION DRUGS	21,667	79,580	7,527,682.06	94.59	1.607	347.43	152.01
SNF/ICF	85	802	52,851.61	65.90	.016	621.78	1.07
OUTPATIENTS	21,593	78,778	7,474,830.45	94.88	1.591	346.17	150.94
MEDICAL SUPPLIES	1,411	167,798	166,439.66	.99	3.388	117.96	3.36
@DENTIST	742	4,075	\$ 176,935.88	\$ 43.42	.082	\$ 238.46	\$ 3.57
VISITS - DIAGNOSTIC	546	2,016	30,345.45	15.05	.041	55.58	.61
ORAL SURGERY	164	1,007	59,709.00	59.29	.020	364.08	1.21
DRUGS	7	10	125.00	12.50	.000	17.86	.00
ANESTHESIA	56	57	5,600.00	98.25	.001	100.00	.11
PERIODONTICS	12	13	958.00	73.69	.000	79.83	.02
ENDODONTICS	44	91	7,525.00	82.69	.002	171.02	.15
RESTORATIVE DENTISTRY	228	703	36,224.00	51.53	.014	158.88	.73
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	76	144	36,019.43	250.13	.003	473.94	.73
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	150.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	5	175.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	25	24	75.00	3.13	.000	3.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,258
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

49,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,150	3,054	\$ 70,730.28	\$ 23.16	.062	\$ 61.50	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	701	711	32,133.39	45.19	.014	45.84	.65

EYE APPLIANCES	869	2,318		37,358.53		16.12	.047	42.99	.75
OTHER OPTOMETRIC SERVICES	30	25		1,238.36		49.53	.001	41.28	.03
@CHIROPRACTOR	337	678	\$	11,016.46	\$	16.25	.014	\$ 32.69	\$ .22
VISITS	312	638		10,508.52		16.47	.013	33.68	.21
OTHER SERVICES	25	40		507.94		12.70	.001	20.32	.01
@PODIATRIST	326	506	\$	12,983.71	\$	25.66	.010	\$ 39.83	\$ .26
MEDICINE/INJECTIONS	184	219		6,065.31		27.70	.004	32.96	.12
SURGERY/ANES.	6	8		1,017.13		127.14	.000	169.52	.02
RADIO./PATHOLOGY	21	33		574.34		17.40	.001	27.35	.01
OTHER	142	246		5,326.93		21.65	.005	37.51	.11
@HOME HEALTH AGENCY	124	740	\$	47,794.33	\$	64.59	.015	\$ 385.44	\$ .97
NURSE ANESTHESIST	325	1,675	\$	30,288.52	\$	18.08	.034	\$ 93.20	\$ .61
NURSE MIDWIFE	80	159	\$	27,597.74	\$	173.57	.003	\$ 344.97	\$ .56
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	6,766	34,834	\$	4,621,228.56	\$	132.66	.703	\$ 683.01	\$ 93.32
HOSP INPATIENT TOTAL	525	2,263		3,604,649.07		1592.86	.046	6866.00	72.79
HSC HOSPITALS	31	251		379,552.03		1512.16	.005	12243.61	7.66
NON-HSC HOSPITAL TOTAL	358	1,569		3,113,708.56		1984.52	.032	8697.51	62.88
ACCOMMODATIONS	357	1,569		1,123,082.86		715.80	.032	3145.89	22.68
ADMINISTRATIVE DAYS	22	89		20,585.70		231.30	.002	935.71	.42
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	346	1,480		1,102,497.16		744.93	.030	3186.41	22.26
ANCILLARIES	358	0		1,990,625.70		.00	.000	5560.41	40.20
INPATIENT CROSSOVERS	139	443		111,388.48		251.44	.009	801.36	2.25
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,557	32,571		1,016,579.49		31.21	.658	155.04	20.53
MEDICAL	2,572	3,853		225,726.06		58.58	.078	87.76	4.56
SURGERY	616	801		45,171.28		56.39	.016	73.33	.91
PATHOLOGY	2,239	9,756		119,669.30		12.27	.197	53.45	2.42
RADIOLOGY	2,391	3,487		227,593.66		65.27	.070	95.19	4.60
ROOM USE	3,143	4,677		183,252.94		39.18	.094	58.31	3.70
CROSSOVERS/ALL OTH OUTPTNT	3,447	9,997		215,166.25		21.52	.202	62.42	4.34
@COUNTY HOSPITAL TOTAL	12	70	\$	13,356.18	\$	190.80	.001	\$ 1113.02	\$ .27
CO HOSPITAL INPATIENT TOTAL	4	10		11,626.01		1162.60	.000	2906.50	.23
HSC HOSPITALS	4	10		11,626.01		1162.60	.000	2906.50	.23
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17		28.84	.001	192.24	.03
MEDICAL	2	3		128.95		42.98	.000	64.48	.00
SURGERY	1	1		5.81		5.81	.000	5.81	.00
PATHOLOGY	3	23		322.53		14.02	.000	107.51	.01
RADIOLOGY	1	3		382.52		127.51	.000	382.52	.01
ROOM USE	5	8		282.12		35.27	.000	56.42	.01
CROSSOVERS/ALL OTH OUTPTNT	6	22		608.24		27.65	.000	101.37	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								

PAGE 2,259  
01/29/04

	49,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,761	34,764	\$	4,607,872.38	\$ 132.55	.702	\$ 681.54	\$ 93.05
COMM HOSP INPATIENT TOTAL	522	2,253		3,593,023.06	1594.77	.045	6883.19	72.55
HSC HOSPITALS	27	241		367,926.02	1526.66	.005	13626.89	7.43

NON-HSC HOSPITALS TOTAL	358	1,569		3,113,708.56	1984.52	.032	8697.51	62.88
ACCOMMODATIONS	357	1,569		1,123,082.86	715.80	.032	3145.89	22.68
ADMINISTRATIVE DAYS	22	89		20,585.70	231.30	.002	935.71	.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	346	1,480		1,102,497.16	744.93	.030	3186.41	22.26
ANCILLARIES	358	0		1,990,625.70	.00	.000	5560.41	40.20
INPATIENT CROSSOVERS	139	443		111,388.48	251.44	.009	801.36	2.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,552	32,511		1,014,849.32	31.22	.656	154.89	20.49
MEDICAL	2,570	3,850		225,597.11	58.60	.078	87.78	4.56
SURGERY	616	800		45,165.47	56.46	.016	73.32	.91
PATHOLOGY	2,237	9,733		119,346.77	12.26	.197	53.35	2.41
RADIOLOGY	2,391	3,484		227,211.14	65.22	.070	95.03	4.59
ROOM USE	3,140	4,669		182,970.82	39.19	.094	58.27	3.69
CROSSOVERS/ALL OTH OUTPTNT	3,443	9,975		214,558.01	21.51	.201	62.32	4.33
@STATE HOSPITAL	7	285	\$	139,288.43	\$ 488.73	.006	\$ 19898.35	\$ 2.81
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285		139,288.43	488.73	.006	19898.35	2.81
@NURSING FACILITY	58	1,701	\$	233,064.66	\$ 137.02	.034	\$ 4018.36	\$ 4.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553.15	.001	22126.00	.45
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	57	1,661		210,938.66	126.99	.034	3700.68	4.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	55	1,549	\$	64,168.59	\$ 41.43	.031	\$ 1166.70	\$ 1.30
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	1,549		64,168.59	41.43	.031	1166.70	1.30
@REHABILITATION FACILITY	59	419	\$	10,751.47	\$ 25.66	.008	\$ 182.23	\$ .22
HOSPITAL BASED	59	419		10,751.47	25.66	.008	182.23	.22
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,325	7,954	\$	114,766.87	\$ 14.43	.161	\$ 49.36	\$ 2.32
PATHOLOGY	2,316	7,933		114,605.39	14.45	.160	49.48	2.31
XO AND OTHERS	9	21		161.48	7.69	.000	17.94	.00
@ORGANIZED OUTPATIENT CLINIC	14,106	22,201	\$	2,260,285.70	\$ 101.81	.448	\$ 160.24	\$ 45.64
CLINIC	37	147		5,937.14	40.39	.003	160.46	.12
SURGICENTER	0	0		85.00CR	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14,086	22,054		2,254,433.56	102.22	.445	160.05	45.52

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

PAGE 2,260  
 01/29/04

	49,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,071	221,668	\$	721,734.54	\$ 3.26	4.476	\$ 177.29	\$ 14.57
DURABLE MED. EQUIP.	276	656		125,583.18	191.44	.013	455.01	2.54
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12		2,102.81	175.23	.000	262.85	.04
MEDICAL TRANSPORTATION	733	105,807		308,781.04	2.92	2.137	421.26	6.24
AMBULANCES/AIR TRANS	613	11,157		130,150.93	11.67	.225	212.32	2.63
OTHER TRANS	91	94,314		140,935.54	1.49	1.904	1548.74	2.85
OTHER SERVICES	62	336		37,694.57	112.19	.007	607.98	.76
ACUPUNCTURE	2	3		70.28	23.43	.000	35.14	.00
ADULT DAY HEALTH CARE CTR	12	251		17,386.21	69.27	.005	1448.85	.35
GENETIC DISEASE TESTING	42	42		4,357.50	103.75	.001	103.75	.09

IHMC,MODEL-NF,NF,AIDS,MSSP	6	31	5,123.97	165.29	.001	854.00	.10
OCCUPATIONAL THERAPIST	8	74	1,135.60	15.35	.001	141.95	.02
OPTICIAN	932	2,078	24,931.74	12.00	.042	26.75	.50
PHYSICAL THERAPIST	266	2,107	33,493.51	15.90	.043	125.92	.68
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	59	163	20,859.49	127.97	.003	353.55	.42
PROSTHETICS	59	163	20,859.49	127.97	.003	353.55	.42
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	79	152	11,763.18	77.39	.003	148.90	.24
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	806	10,455	88,224.13	8.44	.211	109.46	1.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,097	99,837		77,611.12		.78	2.016	70.75	1.57
@CALIF. CHILDREN SERVICES*	177	5,741	\$	396,355.87	\$	69.04	.116	\$ 2239.30	\$ 8.00
@XOVER EXCLUDING STATE HOSP**	2,650	24,007	\$	296,492.73	\$	12.35	.485	\$ 111.88	\$ 5.99

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,261  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	145	477	\$ 23,816.20	\$ 49.93	1.590	\$	164.25	\$ 79.39
@PHYSICIANS SERVICES	29	57	\$ 1,365.44	\$ 23.96	.190	\$	47.08	\$ 4.55
OUTPATIENT VISITS	21	33	871.37	26.41	.110		41.49	2.90
OFFICE VISITS	20	32	826.77	25.84	.107		41.34	2.76
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003		44.60	.15
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	1	1	41.24	41.24	.003		41.24	.14
HOSPITAL VISITS	1	1	41.24	41.24	.003		41.24	.14
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	1	13.26	13.26	.003		13.26	.04
RADIOLOGY	2	2	13.84	6.92	.007		6.92	.05
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	8	20	425.73	21.29	.067		53.22	1.42
@PHARMACY	56	112	\$ 1,567.54	\$ 14.00	.373	\$	27.99	\$ 5.23
PRESCRIPTION DRUGS	56	112	1,567.54	14.00	.373		27.99	5.23
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	56	112	1,567.54	14.00	.373		27.99	5.23
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,262
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69

300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	30	129	\$ 3,766.37	\$ 29.20	.430	\$ 125.55	\$ 12.55
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	129	3,766.37	29.20	.430	125.55	12.55
MEDICAL	20	26	1,780.69	68.49	.087	89.03	5.94
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	39	458.03	11.74	.130	38.17	1.53
RADIOLOGY	10	12	173.82	14.49	.040	17.38	.58
ROOM USE	20	29	1,079.18	37.21	.097	53.96	3.60
CROSSOVERS/ALL OTH OUTPTNT	16	23	274.65	11.94	.077	17.17	.92
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	30	129	\$ 3,766.37	\$ 29.20	.430		\$ 125.55	\$ 12.55
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	30	129	3,766.37	29.20	.430		125.55	12.55
MEDICAL	20	26	1,780.69	68.49	.087		89.03	5.94
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	12	39	458.03	11.74	.130		38.17	1.53
RADIOLOGY	10	12	173.82	14.49	.040		17.38	.58
ROOM USE	20	29	1,079.18	37.21	.097		53.96	3.60
CROSSOVERS/ALL OTH OUTPTNT	16	23	274.65	11.94	.077		17.17	.92
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	4	7	\$ 92.31	\$ 13.19	.023		\$ 23.08	\$ .31
PATHOLOGY	4	7	92.31	13.19	.023		23.08	.31
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	103	150	\$ 16,551.70	\$ 110.34	.500		\$ 160.70	\$ 55.17
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	103	150	16,551.70	110.34	.500		160.70	55.17

300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	3	22	\$ 472.84	\$ 21.49	.073		\$ 157.61	\$ 1.58

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	443.82	21.13	.070	221.91	1.48
AMBULANCES/AIR TRANS	2	21	443.82	21.13	.070	221.91	1.48
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	29.02	29.02	.003	29.02	.10
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,265
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	289	2,439	\$ 189,180.38	\$ 77.56	4.801	\$ 654.60	\$ 372.40
@PHYSICIANS SERVICES	54	77	\$ 8,543.87	\$ 110.96	.152	\$ 158.22	\$ 16.82
OUTPATIENT VISITS	11	14	904.58	64.61	.028	82.23	1.78
OFFICE VISITS	2	2	81.20	40.60	.004	40.60	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	12	823.38	68.62	.024	91.49	1.62
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	12	494.67	41.22	.024	70.67	.97
HOSPITAL VISITS	7	12	494.67	41.22	.024	70.67	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	12	5,869.83	489.15	.024	489.15	11.55
PRINCIPAL SURGEON	11	11	5,683.33	516.67	.022	516.67	11.19
ASSISTANT SURGEON	1	1	186.50	186.50	.002	186.50	.37
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	168.65	168.65	.002	168.65	.33
PRINCIPAL SURGEON	1	1	168.65	168.65	.002	168.65	.33



ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	9	10		63.34		6.33	.020	7.04	.12
RADIOLOGY	21	26		951.80		36.61	.051	45.32	1.87
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		91.00		45.50	.004	45.50	.18
@PHARMACY	88	167	\$	5,014.71	\$	30.03	.329	\$ 56.99	\$ 9.87
PRESCRIPTION DRUGS	83	148		3,676.09		24.84	.291	44.29	7.24
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	83	148		3,676.09		24.84	.291	44.29	7.24
MEDICAL SUPPLIES	12	19		1,338.62		70.45	.037	111.55	2.64
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,266 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49							
508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	4	18	\$ 440.82	\$ 24.49	.035	\$ 110.21	\$ .87
NURSE MIDWIFE	19	36	\$ 5,753.13	\$ 159.81	.071	\$ 302.80	\$ 11.33
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	183	1,975	\$ 155,220.00	\$ 78.59	3.888	\$ 848.20	\$ 305.55
HOSP INPATIENT TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
ACCOMMODATIONS	21	102	64,002.71	627.48	.201	3047.75	125.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	102	64,002.71	627.48	.201	3047.75	125.99
ANCILLARIES	21	0	41,485.63	.00	.000	1975.51	81.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	176	1,873	49,731.66	26.55	3.687	282.57	97.90
MEDICAL	36	42	2,600.28	61.91	.083	72.23	5.12
SURGERY	8	9	140.17	15.57	.018	17.52	.28
PATHOLOGY	92	517	6,399.31	12.38	1.018	69.56	12.60
RADIOLOGY	38	41	2,560.03	62.44	.081	67.37	5.04
ROOM USE	126	253	8,456.65	33.43	.498	67.12	16.65
CROSSOVERS/ALL OTH OUTPTNT	131	1,011	29,575.22	29.25	1.990	225.77	58.22
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,267
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
					----- MONTHLY AVERAGE -----		
508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	1,975	\$ 155,220.00	\$ 78.59	3.888	\$ 848.20	\$ 305.55
COMM HOSP INPATIENT TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	21	102	105,488.34	1034.20	.201	5023.25	207.65
ACCOMMODATIONS	21	102	64,002.71	627.48	.201	3047.75	125.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	102	64,002.71	627.48	.201	3047.75	125.99
ANCILLARIES	21	0	41,485.63	.00	.000	1975.51	81.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	176	1,873	49,731.66	26.55	3.687	282.57	97.90
MEDICAL	36	42	2,600.28	61.91	.083	72.23	5.12
SURGERY	8	9	140.17	15.57	.018	17.52	.28
PATHOLOGY	92	517	6,399.31	12.38	1.018	69.56	12.60
RADIOLOGY	38	41	2,560.03	62.44	.081	67.37	5.04
ROOM USE	126	253	8,456.65	33.43	.498	67.12	16.65
CROSSOVERS/ALL OTH OUTPTNT	131	1,011	29,575.22	29.25	1.990	225.77	58.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	44	\$ 1,100.12	\$ 25.00	.087	\$ 34.38	\$ 2.17
PATHOLOGY	32	44	1,100.12	25.00	.087	34.38	2.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	79	\$ 10,176.46	\$ 128.82	.156	\$ 248.21	\$ 20.03
CLINIC	3	16	293.48	18.34	.031	97.83	.58

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	38	63	9,882.98	156.87	.124	260.08	19.45

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 2,268 01/29/04

508 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	43	\$ 2,931.27	\$ 68.17	.085	\$ 112.74	\$ 5.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	11	200.15	18.20	.022	100.08	.39
AMBULANCES/AIR TRANS	2	11	200.15	18.20	.022	100.08	.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.041	105.00	4.34
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	11	526.12	47.83	.022	175.37	1.04
@CALIF. CHILDREN SERVICES*	4	7	\$ 2,099.88	\$ 299.98	.014	\$ 524.97	\$ 4.13
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

PAGE 2,269 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	38	\$ 1,392.21	\$ 36.64	.000	\$ 174.03	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,270  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	29	\$	741.30	\$	25.56	.000	\$	148.26	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	29		741.30		25.56	.000		148.26		.00
MEDICAL	2	3		221.27		73.76	.000		110.64		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		208.17		20.82	.000		69.39		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.44	33.11	.000	44.15	.00
CROSSOVERS/ALL OTH OUTPTNT	4	12	179.42	14.95	.000	44.86	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,271  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	29	\$ 741.30	\$ 25.56	.000	\$ 148.26	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	29	741.30	25.56	.000	148.26	.00
MEDICAL	2	3	221.27	73.76	.000	110.64	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	208.17	20.82	.000	69.39	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.44	33.11	.000	44.15	.00
CROSSOVERS/ALL OTH OUTPTNT	4	12	179.42	14.95	.000	44.86	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	82.14	\$	27.38	.000	\$ 41.07	\$ .00
PATHOLOGY	2	3		82.14		27.38	.000	41.07	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	568.77	\$	94.80	.000	\$ 113.75	\$ .00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		568.77		94.80	.000	113.75	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

PAGE 2,272 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 2,273 01/29/04

808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	442	2,954	\$ 214,388.79	\$ 72.58	3.656	\$ 485.04	\$ 265.33
@PHYSICIANS SERVICES	83	134	\$ 9,909.31	\$ 73.95	.166	\$ 119.39	\$ 12.26



OUTPATIENT VISITS	32	47		1,775.95		37.79	.058	55.50	2.20
OFFICE VISITS	22	34		907.97		26.71	.042	41.27	1.12
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60		44.60	.001	44.60	.06
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	12		823.38		68.62	.015	91.49	1.02
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	8	13		535.91		41.22	.016	66.99	.66
HOSPITAL VISITS	8	13		535.91		41.22	.016	66.99	.66
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	12		5,869.83		489.15	.015	489.15	7.26
PRINCIPAL SURGEON	11	11		5,683.33		516.67	.014	516.67	7.03
ASSISTANT SURGEON	1	1		186.50		186.50	.001	186.50	.23
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		168.65		168.65	.001	168.65	.21
PRINCIPAL SURGEON	1	1		168.65		168.65	.001	168.65	.21
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	10	11		76.60		6.96	.014	7.66	.09
RADIOLOGY	23	28		965.64		34.49	.035	41.98	1.20
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	22		516.73		23.49	.027	51.67	.64
@PHARMACY	144	279	\$	6,582.25	\$	23.59	.345	45.71	8.15
PRESCRIPTION DRUGS	139	260		5,243.63		20.17	.322	37.72	6.49
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	139	260		5,243.63		20.17	.322	37.72	6.49
MEDICAL SUPPLIES	12	19		1,338.62		70.45	.024	111.55	1.66
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,274
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								
808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0		.00	.00	.000	.00	.00	

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00
OTHER	0	0		.00		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	4	18	\$	440.82	\$	24.49	.022	\$	110.21
NURSE MIDWIFE	19	36	\$	5,753.13	\$	159.81	.045	\$	302.80
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	218	2,133	\$	159,727.67	\$	74.88	2.640	\$	732.70
HOSP INPATIENT TOTAL	21	102		105,488.34		1034.20	.126		5023.25
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	21	102		105,488.34		1034.20	.126		5023.25
ACCOMMODATIONS	21	102		64,002.71		627.48	.126		3047.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	21	102		64,002.71		627.48	.126		3047.75
ANCILLARIES	21	0		41,485.63		.00	.000		1975.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	211	2,031		54,239.33		26.71	2.514		257.06
MEDICAL	58	71		4,602.24		64.82	.088		79.35
SURGERY	8	9		140.17		15.57	.011		17.52
PATHOLOGY	107	566		7,065.51		12.48	.700		66.03
RADIOLOGY	48	53		2,733.85		51.58	.066		56.96
ROOM USE	149	286		9,668.27		33.81	.354		64.89
CROSSOVERS/ALL OTH OUTPTNT	151	1,046		30,029.29		28.71	1.295		198.87
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 2,275 01/29/04

808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	2,133	\$ 159,727.67	\$ 74.88	2.640	\$ 732.70	\$ 197.68
COMM HOSP INPATIENT TOTAL	21	102	105,488.34	1034.20	.126	5023.25	130.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	21	102	105,488.34	1034.20	.126	5023.25	130.55
ACCOMMODATIONS	21	102	64,002.71	627.48	.126	3047.75	79.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	21	102	64,002.71	627.48	.126	3047.75	79.21
ANCILLARIES	21	0	41,485.63	.00	.000	1975.51	51.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	211	2,031	54,239.33	26.71	2.514	257.06	67.13
MEDICAL	58	71	4,602.24	64.82	.088	79.35	5.70
SURGERY	8	9	140.17	15.57	.011	17.52	.17
PATHOLOGY	107	566	7,065.51	12.48	.700	66.03	8.74
RADIOLOGY	48	53	2,733.85	51.58	.066	56.96	3.38
ROOM USE	149	286	9,668.27	33.81	.354	64.89	11.97
CROSSOVERS/ALL OTH OUTPTNT	151	1,046	30,029.29	28.71	1.295	198.87	37.16
@STATE HOSPITAL	0	0	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED  
AID CODE 16  
PAGE 2,277  
01/29/04

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	381	7,240	\$ 166,655.28	\$ 23.02	15.437	\$ 437.42	\$ 355.34
@PHYSICIANS SERVICES	79	202	\$ 2,510.94	\$ 12.43	.431	\$ 31.78	\$ 5.35
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	79	202	2,510.94	12.43	.431	31.78	5.35
@PHARMACY	328	5,009	\$ 123,084.08	\$ 24.57	10.680	\$ 375.26	\$ 262.44
PRESCRIPTION DRUGS	325	1,470	120,217.91	81.78	3.134	369.90	256.33
SNF/ICF	5	32	2,214.75	69.21	.068	442.95	4.72
OUTPATIENTS	320	1,438	118,003.16	82.06	3.066	368.76	251.61
MEDICAL SUPPLIES	45	3,539	2,866.17	.81	7.546	63.69	6.11
@DENTIST	5	7	\$ 421.00	\$ 60.14	.015	\$ 84.20	\$ .90
VISITS - DIAGNOSTIC	3	4	56.00	14.00	.009	18.67	.12
ORAL SURGERY	1	1	85.00	85.00	.002	85.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.002	65.00	.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
PAGE 2,278  
01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.013	\$ 53.11	\$ .23
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.013	53.11	.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	11	\$ 281.47	\$ 25.59	.023	\$ 31.27	\$ .60
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	11	281.47	25.59	.023	31.27	.60
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	3	\$ 30.45	\$ 10.15	.006	\$ 30.45	\$ .06
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	67	229	\$ 10,966.61	\$ 47.89	.488	\$ 163.68	\$ 23.38
HOSP INPATIENT TOTAL	11	56	9,072.00	162.00	.119	824.73	19.34
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	56	9,072.00	162.00	.119	824.73	19.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	64	173	1,894.61	10.95	.369	29.60	4.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	64	173	1,894.61	10.95	.369	29.60	4.04
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67	229	\$ 10,966.61	\$ 47.89	.488	\$ 163.68	\$ 23.38
COMM HOSP INPATIENT TOTAL	11	56	9,072.00	162.00	.119	824.73	19.34
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	56	9,072.00	162.00	.119	824.73	19.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	173	1,894.61	10.95	.369	29.60	4.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	64	173	1,894.61	10.95	.369	29.60	4.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	127	\$ 15,183.88	\$ 119.56	.271	\$ 2169.13	\$ 32.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	127	15,183.88	119.56	.271	2169.13	32.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	91	170	\$ 8,909.27	\$ 52.41	.362	\$ 97.90	\$ 19.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	91	170	8,909.27	52.41	.362	97.90	19.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

469 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	63	1,476	\$ 5,161.36	\$ 3.50	3.147	\$ 81.93	\$ 11.01
DURABLE MED. EQUIP.	3	33	1,271.54	38.53	.070	423.85	2.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	40	264.45	6.61	.085	44.08	.56

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	8	75.80	9.48	.017	37.90	.16
OTHER SERVICES	4	32	188.65	5.90	.068	47.16	.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	265.31	11.54	.049	24.12	.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,226.03	613.02	.004	613.02	2.61



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	1,378	2,134.03	1.55	2.938	50.81	4.55
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	164	1,929	\$ 16,261.70	\$ 8.43	4.113	\$ 99.16	\$ 34.67

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,281
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	482	\$ 2,777.26	\$ 5.76	20.083	\$ 146.17	\$ 115.72
@PHYSICIANS SERVICES	5	8	\$ 27.32	\$ 3.42	.333	\$ 5.46	\$ 1.14
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	8	27.32	3.42	.333	5.46	1.14
@PHARMACY	13	423	\$ 1,958.51	\$ 4.63	17.625	\$ 150.65	\$ 81.60
PRESCRIPTION DRUGS	10	23	1,876.90	81.60	.958	187.69	78.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	23	1,876.90	81.60	.958	187.69	78.20
MEDICAL SUPPLIES	4	400	81.61	.20	16.667	20.40	3.40
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,282
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	4	\$ 31.50	\$ 7.88	.167	\$ 10.50	\$ 1.31
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	4	31.50	7.88	.167	10.50	1.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	31.50	7.88	.167	10.50	1.31
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,283
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 31.50	\$ 7.88	.167	\$ 10.50	\$ 1.31
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	31.50	7.88	.167	10.50	1.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	31.50	7.88	.167	10.50	1.31
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 412.00	\$ 206.00	.083	\$ 206.00	\$ 17.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	412.00	206.00	.083	206.00	17.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,284

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND

AID CODES 26 6A  
01/29/04

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	45	\$ 347.93	\$ 7.73	1.875	\$ 86.98	\$ 14.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	45	347.93	7.73	1.875	86.98	14.50
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	10	56	\$ 397.75	\$ 7.10	2.333	\$ 39.78	\$ 16.57

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,285  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

290 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	262	2,542	\$ 129,484.53	\$ 50.94	8.766	\$ 494.22	\$ 446.50
@PHYSICIANS SERVICES	43	114	\$ 1,631.86	\$ 14.31	.393	\$ 37.95	\$ 5.63
OUTPATIENT VISITS	9	15	420.40	28.03	.052	46.71	1.45
OFFICE VISITS	9	15	420.40	28.03	.052	46.71	1.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.16
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		8.57	8.57	.003	8.57	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	97		1,156.45	11.92	.334	32.12	3.99
@PHARMACY	243	1,210	\$	106,306.33	\$ 87.86	4.172	\$ 437.47	\$ 366.57
PRESCRIPTION DRUGS	243	1,128		103,574.12	91.82	3.890	426.23	357.15

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	243	1,128	103,574.12	91.82	3.890	426.23	357.15
MEDICAL SUPPLIES	29	82	2,732.21	33.32	.283	94.21	9.42
@DENTIST	6	17	\$ 708.00	\$ 41.65	.059	\$ 118.00	\$ 2.44
VISITS - DIAGNOSTIC	6	14	213.00	15.21	.048	35.50	.73
ORAL SURGERY	2	2	430.00	215.00	.007	215.00	1.48
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	65.00	65.00	.003	65.00	.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 2,286 01/29/04

290 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	18	\$ 361.47	\$ 20.08	.062	\$ 51.64	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.16
EYE APPLIANCES	6	17	266.57	15.68	.059	44.43	.92
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.16
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.017	\$ 27.87	\$ .29
VISITS	2	4	66.88	16.72	.014	33.44	.23
OTHER SERVICES	1	1	16.72	16.72	.003	16.72	.06
@PODIATRIST	5	5	\$ 47.43	\$ 9.49	.017	\$ 9.49	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	47.43	9.49	.017	9.49	.16
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	43	\$ 73.00	\$ 1.70	.148	\$ 73.00	\$ .25
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	45	295	\$ 10,545.47	\$ 35.75	1.017	\$ 234.34	\$ 36.36
HOSP INPATIENT TOTAL	8	12	5,863.76	488.65	.041	732.97	20.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	12	5,863.76	488.65	.041	732.97	20.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	283	4,681.71	16.54	.976	106.40	16.14
MEDICAL	4	25	639.47	25.58	.086	159.87	2.21
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	157.49	12.11	.045	52.50	.54
RADIOLOGY	6	9	2,103.23	233.69	.031	350.54	7.25
ROOM USE	2	3	99.64	33.21	.010	49.82	.34
CROSSOVERS/ALL OTH OUTPTNT	39	233	1,681.88	7.22	.803	43.13	5.80
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,287  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

290 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	295	\$ 10,545.47	\$ 35.75	1.017	\$ 234.34	\$ 36.36
COMM HOSP INPATIENT TOTAL	8	12	5,863.76	488.65	.041	732.97	20.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	12	5,863.76	488.65	.041	732.97	20.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	283	4,681.71	16.54	.976	106.40	16.14
MEDICAL	4	25	639.47	25.58	.086	159.87	2.21
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	157.49	12.11	.045	52.50	.54
RADIOLOGY	6	9	2,103.23	233.69	.031	350.54	7.25
ROOM USE	2	3	99.64	33.21	.010	49.82	.34
CROSSOVERS/ALL OTH OUTPTNT	39	233	1,681.88	7.22	.803	43.13	5.80
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	4	\$	64.32	\$	16.08	.014	\$	21.44
PATHOLOGY	3	4		64.32		16.08	.014		21.44
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	79	129	\$	7,076.66	\$	54.86	.445	\$	89.58
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	79	129		7,076.66		54.86	.445		89.58
#CALIF DEPT OF HEALTH SERV									
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 2,288  
01/29/04

290 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	51	702	\$ 2,586.39	\$ 3.68	2.421	\$ 50.71	\$ 8.92
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	165	716.12	4.34	.569	143.22	2.47
AMBULANCES/AIR TRANS	2	8	168.23	21.03	.028	84.12	.58
OTHER TRANS	1	119	171.05	1.44	.410	171.05	.59
OTHER SERVICES	2	38	376.84	9.92	.131	188.42	1.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	47	583.04	12.41	.162	34.30	2.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	490	1,287.23	2.63	1.690	42.91	4.44
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	76	538	\$ 11,296.84	\$ 21.00	1.855	\$ 148.64	\$ 38.95

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,289
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00



PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,290  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,291
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED									

PAGE 2,292  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									

PAGE 2,293  
01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	662	10,264	\$ 298,917.07	\$ 29.12	13.109	\$ 451.54	\$ 381.76
@PHYSICIANS SERVICES	127	324	\$ 4,170.12	\$ 12.87	.414	\$ 32.84	\$ 5.33
OUTPATIENT VISITS	9	15	420.40	28.03	.019	46.71	.54
OFFICE VISITS	9	15	420.40	28.03	.019	46.71	.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.06
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	120	307	3,694.71	12.03	.392	30.79	4.72
@PHARMACY	584	6,642	\$ 231,348.92	\$ 34.83	8.483	\$ 396.15	\$ 295.46
PRESCRIPTION DRUGS	578	2,621	225,668.93	86.10	3.347	390.43	288.21
SNF/ICF	5	32	2,214.75	69.21	.041	442.95	2.83
OUTPATIENTS	573	2,589	223,454.18	86.31	3.307	389.97	285.38
MEDICAL SUPPLIES	78	4,021	5,679.99	1.41	5.135	72.82	7.25
@DENTIST	11	24	\$ 1,129.00	\$ 47.04	.031	\$ 102.64	\$ 1.44
VISITS - DIAGNOSTIC	9	18	269.00	14.94	.023	29.89	.34
ORAL SURGERY	3	3	515.00	171.67	.004	171.67	.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.001	215.00	.27
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	130.00	65.00	.003	65.00	.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 2,294  
01/29/04

783 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY

----- MONTHLY AVERAGE -----  
UNITS/DAYS COST PER  
PER ELIG USER

COST PER  
ELIGIBLE

@OPTOMETRIST	9	24	\$	467.69	\$	19.49	.031	\$	51.97	\$	.60
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.001		47.45		.06
EYE APPLIANCES	8	23		372.79		16.21	.029		46.60		.48
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.06
@CHIROPRACTOR	3	5	\$	83.60	\$	16.72	.006	\$	27.87	\$	.11
VISITS	2	4		66.88		16.72	.005		33.44		.09
OTHER SERVICES	1	1		16.72		16.72	.001		16.72		.02
@PODIATRIST	14	16	\$	328.90	\$	20.56	.020	\$	23.49	\$	.42
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	14	16		328.90		20.56	.020		23.49		.42
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	46	\$	103.45	\$	2.25	.059	\$	51.73	\$	.13
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	115	528	\$	21,543.58	\$	40.80	.674	\$	187.34	\$	27.51
HOSP INPATIENT TOTAL	19	68		14,935.76		219.64	.087		786.09		19.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19	68		14,935.76		219.64	.087		786.09		19.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	111	460		6,607.82		14.36	.587		59.53		8.44
MEDICAL	4	25		639.47		25.58	.032		159.87		.82
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		157.49		12.11	.017		52.50		.20
RADIOLOGY	6	9		2,103.23		233.69	.011		350.54		2.69
ROOM USE	2	3		99.64		33.21	.004		49.82		.13
CROSSOVERS/ALL OTH OUTPTNT	106	410		3,607.99		8.80	.524		34.04		4.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,295  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - TOTAL

	783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	115	528	\$	21,543.58	\$ 40.80	.674	\$ 187.34	\$ 27.51

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	19	68	14,935.76	219.64	.087	786.09	19.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	68	14,935.76	219.64	.087	786.09	19.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	111	460	6,607.82	14.36	.587	59.53	8.44
MEDICAL	4	25	639.47	25.58	.032	159.87	.82
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	157.49	12.11	.017	52.50	.20
RADIOLOGY	6	9	2,103.23	233.69	.011	350.54	2.69
ROOM USE	2	3	99.64	33.21	.004	49.82	.13

CROSSOVERS/ALL OTH OUTPTNT	106	410		3,607.99	8.80	.524	34.04	4.61
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	7	127	\$	15,183.88	\$ 119.56	.162	\$ 2169.13	\$ 19.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	127		15,183.88	119.56	.162	2169.13	19.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	4	\$	64.32	\$ 16.08	.005	\$ 21.44	\$ .08
PATHOLOGY	3	4		64.32	16.08	.005	21.44	.08
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	172	301	\$	16,397.93	\$ 54.48	.384	\$ 95.34	\$ 20.94
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	172	301		16,397.93	54.48	.384	95.34	20.94
#CALIF DEPT OF HEALTH SERV								
MOP024								
DEL NORTE COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 2,296
				FEE-FOR-SERVICE/DENTAL				01/29/04
				SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL				

783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	118	2,223	\$ 8,095.68	\$ 3.64	2.839	\$ 68.61	\$ 10.34
DURABLE MED. EQUIP.	3	33	1,271.54	38.53	.042	423.85	1.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	205	980.57	4.78	.262	89.14	1.25
AMBULANCES/AIR TRANS	2	8	168.23	21.03	.010	84.12	.21
OTHER TRANS	3	127	246.85	1.94	.162	82.28	.32
OTHER SERVICES	6	70	565.49	8.08	.089	94.25	.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	70	848.35	12.12	.089	30.30	1.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,226.03	613.02	.003	613.02	1.57
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00



RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	1,913	3,769.19	1.97	2.443	49.59	4.81
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	250	2,523	\$ 27,956.29	\$ 11.08	3.222	\$ 111.83	\$ 35.70

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,297
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	413	4,570	\$ 222,529.24	\$ 48.69	9.462	\$ 538.81	\$ 460.72
@PHYSICIANS SERVICES	83	191	\$ 3,420.53	\$ 17.91	.395	\$ 41.21	\$ 7.08
OUTPATIENT VISITS	1	1	81.40	81.40	.002	81.40	.17
OFFICE VISITS	1	1	81.40	81.40	.002	81.40	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.002	81.73	.17
EXAMINATIONS	1	1	81.73	81.73	.002	81.73	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	82	189	3,257.40	17.23	.391	39.72	6.74
@PHARMACY	359	2,925	\$ 136,237.23	\$ 46.58	6.056	\$ 379.49	\$ 282.06
PRESCRIPTION DRUGS	355	1,913	133,668.90	69.87	3.961	376.53	276.75
SNF/ICF	12	102	5,585.47	54.76	.211	465.46	11.56
OUTPATIENTS	345	1,811	128,083.43	70.73	3.749	371.26	265.18
MEDICAL SUPPLIES	39	1,012	2,568.33	2.54	2.095	65.85	5.32
@DENTIST	4	27	\$ 617.00	\$ 22.85	.056	\$ 154.25	\$ 1.28
VISITS - DIAGNOSTIC	2	14	90.00	6.43	.029	45.00	.19
ORAL SURGERY	1	4	159.00	39.75	.008	159.00	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.002	55.00	.11
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	8	313.00	39.13	.017	156.50	.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,298
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11 \$	228.09	\$ 20.74	.023	\$ 57.02	\$ .47
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.10
EYE APPLIANCES	4	10	180.64	18.06	.021	45.16	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	14 \$	148.63	\$ 10.62	.029	\$ 13.51	\$ .31
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	14	148.63	10.62	.029	13.51	.31
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	82	259 \$	18,097.34	\$ 69.87	.536	\$ 220.70	\$ 37.47
HOSP INPATIENT TOTAL	19	74	15,348.15	207.41	.153	807.80	31.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	74	15,348.15	207.41	.153	807.80	31.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	185	2,749.19	14.86	.383	35.25	5.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	78	185	2,749.19	14.86	.383	35.25	5.69
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,299  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	259	\$ 18,097.34	\$ 69.87	.536	\$ 220.70	\$ 37.47
COMM HOSP INPATIENT TOTAL	19	74	15,348.15	207.41	.153	807.80	31.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	74	15,348.15	207.41	.153	807.80	31.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	78	185	2,749.19	14.86	.383	35.25	5.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	78	185	2,749.19	14.86	.383	35.25	5.69
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	20	425	\$ 47,150.93	\$ 110.94	.880	\$ 2357.55	\$ 97.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	425	47,150.93	110.94	.880	2357.55	97.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$ 43.84	\$ 7.31	.012	\$ 14.61	\$ .09
PATHOLOGY	3	6	43.84	7.31	.012	14.61	.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	98	247	\$ 10,692.45	\$ 43.29	.511	\$ 109.11	\$ 22.14
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	98	247	10,692.45	43.29	.511	109.11	22.14

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,300  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - AGED      AID CODE 18

483 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
					UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	113	465	\$	5,893.20	\$ 12.67	.963	\$ 52.15	\$ 12.20
DURABLE MED. EQUIP.	4	6		722.46	120.41	.012	180.62	1.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	16		35.77	2.24	.033	17.89	.07
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	16		35.77	2.24	.033	17.89	.07
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	26		310.73	11.95	.054	25.89	.64
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.002	577.91	1.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	416	4,246.33	10.21	.861	42.46	8.79
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	199	844	\$ 28,898.25	\$ 34.24	1.747	\$ 145.22	\$ 59.83

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,301
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,302  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00 .00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,303  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,304  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,305  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	226	4,583	\$ 201,372.75	\$ 43.94	18.115	\$ 891.03	\$ 795.94
@PHYSICIANS SERVICES	53	184	\$ 5,978.02	\$ 32.49	.727	\$ 112.79	\$ 23.63
OUTPATIENT VISITS	10	10	398.70	39.87	.040	39.87	1.58
OFFICE VISITS	9	9	330.35	36.71	.036	36.71	1.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.004	68.35	.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	13	579.01	44.54	.051	115.80	2.29



HOSPITAL VISITS	2	8	371.91	46.49	.032	185.96	1.47
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	207.10	41.42	.020	51.78	.82
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	1,779.22	593.07	.012	1779.22	7.03
PRINCIPAL SURGEON	1	3	1,779.22	593.07	.012	1779.22	7.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	947.88	315.96	.012	473.94	3.75
PRINCIPAL SURGEON	2	3	947.88	315.96	.012	473.94	3.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	43	351.56	8.18	.170	50.22	1.39

RADIOLOGY	6	11		741.15		67.38	.043	123.53	2.93
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	37	101		1,180.50		11.69	.399	31.91	4.67
@PHARMACY	200	1,757	\$	111,617.76	\$	63.53	6.945	558.09	441.18
PRESCRIPTION DRUGS	196	856		110,630.39		129.24	3.383	564.44	437.27
SNF/ICF	7	80		2,017.47		25.22	.316	288.21	7.97
OUTPATIENTS	189	776		108,612.92		139.97	3.067	574.67	429.30
MEDICAL SUPPLIES	9	901		987.37		1.10	3.561	109.71	3.90
@DENTIST	12	36	\$	1,803.27	\$	50.09	.142	150.27	7.13
VISITS - DIAGNOSTIC	10	20		347.00		17.35	.079	34.70	1.37
ORAL SURGERY	2	2		170.00		85.00	.008	85.00	.67
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		55.00		55.00	.004	55.00	.22
ENDODONTICS	1	1		260.00		260.00	.004	260.00	1.03
RESTORATIVE DENTISTRY	5	7		708.00		101.14	.028	141.60	2.80
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	5		263.27		52.65	.020	131.64	1.04
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,306
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68								

----- MONTHLY AVERAGE -----									
253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	7	15	\$ 304.58	\$ 20.31	.059	\$ 43.51	\$ 1.20		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	6	13	213.23	16.40	.051	35.54	.84		
OTHER OPTOMETRIC SERVICES	2	2	91.35	45.68	.008	45.68	.36		
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.008	\$ 33.44	\$ .13		
VISITS	1	2	33.44	16.72	.008	33.44	.13		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	1	\$ 51.00	\$ 51.00	.004	\$ 51.00	\$ .20		
MEDICINE/INJECTIONS	1	1	51.00	51.00	.004	51.00	.20		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	5	91	\$ 6,158.35	\$ 67.67	.360	\$ 1231.67	\$ 24.34		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	49	163	\$ 31,311.96	\$ 192.10	.644	\$ 639.02	\$ 123.76		
HOSP INPATIENT TOTAL	6	22	25,391.41	1154.16	.087	4231.90	100.36		
HSC HOSPITALS	1	9	8,010.00	890.00	.036	8010.00	31.66		
NON-HSC HOSPITAL TOTAL	1	5	14,049.41	2809.88	.020	14049.41	55.53		
ACCOMMODATIONS	1	5	7,187.40	1437.48	.020	7187.40	28.41		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1	5	7,187.40	1437.48	.020	7187.40	28.41		
ANCILLARIES	1	0	6,862.01	.00	.000	6862.01	27.12		
INPATIENT CROSSOVERS	4	8	3,332.00	416.50	.032	833.00	13.17		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	48	141	5,920.55	41.99	.557	123.34	23.40		
MEDICAL	3	3	257.34	85.78	.012	85.78	1.02		

SURGERY	1	1	14.32	14.32	.004	14.32	.06
PATHOLOGY	8	20	210.61	10.53	.079	26.33	.83
RADIOLOGY	10	31	4,066.23	131.17	.123	406.62	16.07
ROOM USE	3	4	272.69	68.17	.016	90.90	1.08
CROSSOVERS/ALL OTH OUTPTNT	35	82	1,099.36	13.41	.324	31.41	4.35
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,307
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	163	\$ 31,311.96	\$ 192.10	.644	\$ 639.02	\$ 123.76
COMM HOSP INPATIENT TOTAL	6	22	25,391.41	1154.16	.087	4231.90	100.36
HSC HOSPITALS	1	9	8,010.00	890.00	.036	8010.00	31.66
NON-HSC HOSPITALS TOTAL	1	5	14,049.41	2809.88	.020	14049.41	55.53
ACCOMMODATIONS	1	5	7,187.40	1437.48	.020	7187.40	28.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	7,187.40	1437.48	.020	7187.40	28.41
ANCILLARIES	1	0	6,862.01	.00	.000	6862.01	27.12
INPATIENT CROSSOVERS	4	8	3,332.00	416.50	.032	833.00	13.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	48	141	5,920.55	41.99	.557	123.34	23.40
MEDICAL	3	3	257.34	85.78	.012	85.78	1.02
SURGERY	1	1	14.32	14.32	.004	14.32	.06
PATHOLOGY	8	20	210.61	10.53	.079	26.33	.83
RADIOLOGY	10	31	4,066.23	131.17	.123	406.62	16.07
ROOM USE	3	4	272.69	68.17	.016	90.90	1.08
CROSSOVERS/ALL OTH OUTPTNT	35	82	1,099.36	13.41	.324	31.41	4.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	167	\$ 20,334.79	\$ 121.77	.660	\$ 6778.26	\$ 80.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	167	20,334.79	121.77	.660	6778.26	80.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	39	\$	449.30	\$	11.52	.154	\$ 112.33	\$ 1.78
PATHOLOGY	4	39		449.30		11.52	.154	112.33	1.78
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	82	157	\$	9,642.80	\$	61.42	.621	\$ 117.60	\$ 38.11
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	82	157		9,642.80		61.42	.621	117.60	38.11

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 2,308  
01/29/04

AID CODE 68

253 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	57	1,971	\$ 13,687.48	\$ 6.94	7.791	\$ 240.13	\$ 54.10
DURABLE MED. EQUIP.	4	16	7,578.09	473.63	.063	1894.52	29.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	33	539.58	16.35	.130	59.95	2.13
AMBULANCES/AIR TRANS	5	17	460.85	27.11	.067	92.17	1.82
OTHER TRANS	1	3	19.84	6.61	.012	19.84	.08
OTHER SERVICES	3	13	58.89	4.53	.051	19.63	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	21	3,386.72	161.27	.083	846.68	13.39
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	15	209.45	13.96	.059	34.91	.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	1,886	1,973.64	1.05	7.455	51.94	7.80
@CALIF. CHILDREN SERVICES*	1	5	\$ 192.00	\$ 38.40	.020	\$ 192.00	\$ .76
@XOVER EXCLUDING STATE HOSP**	60	270	\$ 7,802.28	\$ 28.90	1.067	\$ 130.04	\$ 30.84

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 2,309  
01/29/04

736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
---------------	-------	-------------------------------------	--------------	------------------------------	------------------------	------------------	----------------------

@TOTAL, ALL PROVIDERS	639	9,153	\$	423,901.99	\$	46.31	12.436	\$	663.38	\$	575.95
@PHYSICIANS SERVICES	136	375	\$	9,398.55	\$	25.06	.510	\$	69.11	\$	12.77
OUTPATIENT VISITS	11	11		480.10		43.65	.015		43.65		.65
OFFICE VISITS	10	10		411.75		41.18	.014		41.18		.56
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.001		68.35		.09
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	5	13		579.01		44.54	.018		115.80		.79
HOSPITAL VISITS	2	8		371.91		46.49	.011		185.96		.51
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	4	5		207.10		41.42	.007		51.78		.28
OPHTHALMOLOGICAL SERVICES	1	1		81.73		81.73	.001		81.73		.11
EXAMINATIONS	1	1		81.73		81.73	.001		81.73		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	3		1,779.22		593.07	.004		1779.22		2.42
PRINCIPAL SURGEON	1	3		1,779.22		593.07	.004		1779.22		2.42
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	3		947.88		315.96	.004		473.94		1.29
PRINCIPAL SURGEON	2	3		947.88		315.96	.004		473.94		1.29
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	43		351.56		8.18	.058		50.22		.48
RADIOLOGY	6	11		741.15		67.38	.015		123.53		1.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	119	290		4,437.90		15.30	.394		37.29		6.03
@PHARMACY	559	4,682	\$	247,854.99	\$	52.94	6.361	\$	443.39	\$	336.76
PRESCRIPTION DRUGS	551	2,769		244,299.29		88.23	3.762		443.37		331.93
SNF/ICF	19	182		7,602.94		41.77	.247		400.15		10.33
OUTPATIENTS	534	2,587		236,696.35		91.49	3.515		443.25		321.60
MEDICAL SUPPLIES	48	1,913		3,555.70		1.86	2.599		74.08		4.83
@DENTIST	16	63	\$	2,420.27	\$	38.42	.086	\$	151.27	\$	3.29
VISITS - DIAGNOSTIC	12	34		437.00		12.85	.046		36.42		.59
ORAL SURGERY	3	6		329.00		54.83	.008		109.67		.45
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		110.00		55.00	.003		55.00		.15
ENDODONTICS	1	1		260.00		260.00	.001		260.00		.35
RESTORATIVE DENTISTRY	5	7		708.00		101.14	.010		141.60		.96
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	13		576.27		44.33	.018		144.07		.78
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,310
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26	\$ 532.67	\$ 20.49	.035	\$ 48.42	\$ .72
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.06
EYE APPLIANCES	10	23	393.87	17.12	.031	39.39	.54
OTHER OPTOMETRIC SERVICES	2	2	91.35	45.68	.003	45.68	.12

@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.003	\$	33.44	\$	.05
VISITS	1	2		33.44		16.72	.003		33.44		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	12	15	\$	199.63	\$	13.31	.020	\$	16.64	\$	.27
MEDICINE/INJECTIONS	1	1		51.00		51.00	.001		51.00		.07
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	14		148.63		10.62	.019		13.51		.20
@HOME HEALTH AGENCY	5	91	\$	6,158.35	\$	67.67	.124	\$	1231.67	\$	8.37
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	131	422	\$	49,409.30	\$	117.08	.573	\$	377.17	\$	67.13
HOSP INPATIENT TOTAL	25	96		40,739.56		424.37	.130		1629.58		55.35
HSC HOSPITALS	1	9		8,010.00		890.00	.012		8010.00		10.88

NON-HSC HOSPITAL TOTAL	1	5	14,049.41	2809.88	.007	14049.41	19.09
ACCOMMODATIONS	1	5	7,187.40	1437.48	.007	7187.40	9.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	7,187.40	1437.48	.007	7187.40	9.77
ANCILLARIES	1	0	6,862.01	.00	.000	6862.01	9.32
INPATIENT CROSSOVERS	23	82	18,680.15	227.81	.111	812.18	25.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	126	326	8,669.74	26.59	.443	68.81	11.78
MEDICAL	3	3	257.34	85.78	.004	85.78	.35
SURGERY	1	1	14.32	14.32	.001	14.32	.02
PATHOLOGY	8	20	210.61	10.53	.027	26.33	.29
RADIOLOGY	10	31	4,066.23	131.17	.042	406.62	5.52
ROOM USE	3	4	272.69	68.17	.005	90.90	.37
CROSSOVERS/ALL OTH OUTPTNT	113	267	3,848.55	14.41	.363	34.06	5.23
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,311
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	422	\$ 49,409.30	\$ 117.08	.573	\$ 377.17	\$ 67.13
COMM HOSP INPATIENT TOTAL	25	96	40,739.56	424.37	.130	1629.58	55.35
HSC HOSPITALS	1	9	8,010.00	890.00	.012	8010.00	10.88
NON-HSC HOSPITALS TOTAL	1	5	14,049.41	2809.88	.007	14049.41	19.09
ACCOMMODATIONS	1	5	7,187.40	1437.48	.007	7187.40	9.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	7,187.40	1437.48	.007	7187.40	9.77
ANCILLARIES	1	0	6,862.01	.00	.000	6862.01	9.32
INPATIENT CROSSOVERS	23	82	18,680.15	227.81	.111	812.18	25.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126	326	8,669.74	26.59	.443	68.81	11.78
MEDICAL	3	3	257.34	85.78	.004	85.78	.35
SURGERY	1	1	14.32	14.32	.001	14.32	.02
PATHOLOGY	8	20	210.61	10.53	.027	26.33	.29
RADIOLOGY	10	31	4,066.23	131.17	.042	406.62	5.52
ROOM USE	3	4	272.69	68.17	.005	90.90	.37
CROSSOVERS/ALL OTH OUTPTNT	113	267	3,848.55	14.41	.363	34.06	5.23
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	23	592	\$	67,485.72	\$	114.00	.804	\$	2934.16	\$	91.69
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	592		67,485.72		114.00	.804		2934.16		91.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	45	\$	493.14	\$	10.96	.061	\$	70.45	\$	.67
PATHOLOGY	7	45		493.14		10.96	.061		70.45		.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	180	404	\$	20,335.25	\$	50.33	.549	\$	112.97	\$	27.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	180	404		20,335.25		50.33	.549		112.97		27.63
#CALIF DEPT OF HEALTH SERV											
MOP024											
DEL NORTE COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 2,312  
 01/29/04

736 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	170	2,436	\$ 19,580.68	\$ 8.04	3.310	\$ 115.18	\$ 26.60
DURABLE MED. EQUIP.	8	22	8,300.55	377.30	.030	1037.57	11.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	49	575.35	11.74	.067	52.30	.78
AMBULANCES/AIR TRANS	5	17	460.85	27.11	.023	92.17	.63
OTHER TRANS	1	3	19.84	6.61	.004	19.84	.03
OTHER SERVICES	5	29	94.66	3.26	.039	18.93	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	21	3,386.72	161.27	.029	846.68	4.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	520.18	12.69	.056	28.90	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.001	577.91	.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	138	2,302	6,219.97	2.70	3.128	45.07	8.45
@CALIF. CHILDREN SERVICES*	1	5	\$ 192.00	\$ 38.40	.007	\$ 192.00	\$ .26



@XOVER EXCLUDING STATE HOSP\*\* 259 1,114 \$ 36,700.53 \$ 32.94 1.514 \$ 141.70 \$ 49.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,313  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,486	39,121	\$	965,232.44	\$ 24.67	12.396	\$ 388.27	\$ 305.84
@PHYSICIANS SERVICES	423	1,080	\$	18,715.13	\$ 17.33	.342	\$ 44.24	\$ 5.93
OUTPATIENT VISITS	8	9		345.70	38.41	.003	43.21	.11
OFFICE VISITS	8	9		345.70	38.41	.003	43.21	.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		81.73	81.73	.000	81.73	.03
EXAMINATIONS	1	1		81.73	81.73	.000	81.73	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	418	1,070		18,287.70	17.09	.339	43.75	5.79
@PHARMACY	2,151	25,256	\$	669,193.38	\$ 26.50	8.003	\$ 311.11	\$ 212.04
PRESCRIPTION DRUGS	2,116	8,650		651,408.72	75.31	2.741	307.85	206.40
SNF/ICF	41	266		17,588.93	66.12	.084	429.00	5.57
OUTPATIENTS	2,077	8,384		633,819.79	75.60	2.657	305.16	200.83
MEDICAL SUPPLIES	220	16,606		17,784.66	1.07	5.262	80.84	5.64
@DENTIST	43	135	\$	7,292.00	\$ 54.01	.043	\$ 169.58	\$ 2.31
VISITS - DIAGNOSTIC	24	63		754.00	11.97	.020	31.42	.24
ORAL SURGERY	9	37		1,915.00	51.76	.012	212.78	.61
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.000	55.00	.02
ENDODONTICS	3	3		215.00	71.67	.001	71.67	.07
RESTORATIVE DENTISTRY	2	4		55.00	13.75	.001	27.50	.02
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	12	23		4,268.00	185.57	.007	355.67	1.35
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3		.00	.00	.001	.00	.00

3,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	53	127	\$ 2,650.18	\$ 20.87	.040	\$	50.00	\$ .84
DIAGNOSTIC AND ANC. PROCED	11	10	474.50	47.45	.003		43.14	.15
EYE APPLIANCES	41	113	1,929.58	17.08	.036		47.06	.61
OTHER OPTOMETRIC SERVICES	7	4	246.10	61.53	.001		35.16	.08
@CHIROPRACTOR	2	6	\$ 23.01	\$ 3.84	.002	\$	11.51	\$ .01
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	2	6	23.01	3.84	.002		11.51	.01
@PODIATRIST	74	107	\$ 1,405.45	\$ 13.14	.034	\$	18.99	\$ .45
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	74	107	1,405.45	13.14	.034		18.99	.45
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	1	3	\$ 30.45	\$ 10.15	.001	\$	30.45	\$ .01
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	340	1,031	\$ 60,471.26	\$ 58.65	.327	\$	177.86	\$ 19.16
HOSP INPATIENT TOTAL	60	205	48,893.30	238.50	.065		814.89	15.49
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	60	205	48,893.30	238.50	.065		814.89	15.49
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	329	826	11,577.96	14.02	.262		35.19	3.67
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	1	7.70	7.70	.000		7.70	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	328	825	11,570.26	14.02	.261		35.28	3.67
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

3,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	340	1,031	\$ 60,471.26	\$ 58.65	.327	\$ 177.86	\$ 19.16
COMM HOSP INPATIENT TOTAL	60	205	48,893.30	238.50	.065	814.89	15.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	60	205	48,893.30	238.50	.065	814.89	15.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	329	826		11,577.96	14.02	.262	35.19	3.67
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		7.70	7.70	.000	7.70	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	328	825		11,570.26	14.02	.261	35.28	3.67
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	52	1,064	\$	126,429.81	\$ 118.83	.337	\$ 2431.34	\$ 40.06
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	52	1,064		126,429.81	118.83	.337	2431.34	40.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$ 389.79	.001	\$ 779.57	\$ .25
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2		779.57	389.79	.001	779.57	.25
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	22	\$	231.65	\$ 10.53	.007	\$ 13.63	\$ .07
PATHOLOGY	13	18		209.14	11.62	.006	16.09	.07
XO AND OTHERS	4	4		22.51	5.63	.001	5.63	.01
@ORGANIZED OUTPATIENT CLINIC	566	968	\$	46,810.94	\$ 48.36	.307	\$ 82.70	\$ 14.83
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	566	968		46,810.94	48.36	.307	82.70	14.83

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,316  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	3,156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	504		9,320	\$ 31,199.61	\$ 3.35	2.953	\$ 61.90	\$ 9.89
DURABLE MED. EQUIP.	15		50	2,580.62	51.61	.016	172.04	.82
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	385.07	385.07	.000	385.07	.12
MEDICAL TRANSPORTATION	20		1,197	2,116.51	1.77	.379	105.83	.67
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	9		1,106	1,843.94	1.67	.350	204.88	.58
OTHER SERVICES	11		91	272.57	3.00	.029	24.78	.09
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	83		179	2,378.89	13.29	.057	28.66	.75
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		1	3.86	3.86	.000	3.86	.00
PROSTHETICS	1		1	3.86	3.86	.000	3.86	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	15	4,199.57	279.97	.005	323.04	1.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	395	7,877	19,535.09	2.48	2.496	49.46	6.19
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	987	7,142	\$ 111,868.17	\$ 15.66	2.263	\$ 113.34	\$ 35.45

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,317
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	320	13,999	\$ 269,470.02	\$ 19.25	36.551	\$ 842.09	\$ 703.58
@PHYSICIANS SERVICES	77	153	\$ 9,274.08	\$ 60.61	.399	\$ 120.44	\$ 24.21
OUTPATIENT VISITS	26	35	1,463.03	41.80	.091	56.27	3.82
OFFICE VISITS	23	29	1,084.45	37.39	.076	47.15	2.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	378.58	63.10	.016	94.65	.99
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	249.33	49.87	.013	49.87	.65
EXAMINATIONS	5	5	249.33	49.87	.013	49.87	.65
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	340.65	113.55	.008	113.55	.89
PRINCIPAL SURGEON	3	3	340.65	113.55	.008	113.55	.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	90.65	45.33	.005	45.33	.24
RADIOLOGY	14	16	431.68	26.98	.042	30.83	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	24	5,635.56	234.82	.063	1408.89	14.71
OTHER SERVICES/ALL X-OVERS	44	68	1,063.18	15.64	.178	24.16	2.78
@PHARMACY	274	11,569	\$ 92,362.93	\$ 7.98	30.206	\$ 337.09	\$ 241.16
PRESCRIPTION DRUGS	267	1,135	82,575.62	72.75	2.963	309.27	215.60
SNF/ICF	24	206	9,921.47	48.16	.538	413.39	25.90
OUTPATIENTS	244	929	72,654.15	78.21	2.426	297.76	189.70
MEDICAL SUPPLIES	67	10,434	9,787.31	.94	27.243	146.08	25.55
@DENTIST	8	26	\$ 966.00	\$ 37.15	.068	\$ 120.75	\$ 2.52
VISITS - DIAGNOSTIC	5	14	345.00	24.64	.037	69.00	.90
ORAL SURGERY	2	3	215.00	71.67	.008	107.50	.56
DRUGS	1	3	45.00	15.00	.008	45.00	.12
ANESTHESIA	1	1	100.00	100.00	.003	100.00	.26

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.005	96.00	.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	165.00	55.00	.008	55.00	.43
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,318  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	20	\$ 712.00	\$ 35.60	.052	\$ 89.00	\$ 1.86
DIAGNOSTIC AND ANC. PROCED	3	3	117.49	39.16	.008	39.16	.31
EYE APPLIANCES	6	17	594.51	34.97	.044	99.09	1.55
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.008	\$ 25.08	\$ .13
VISITS	1	1	16.72	16.72	.003	16.72	.04
OTHER SERVICES	1	2	33.44	16.72	.005	33.44	.09
@PODIATRIST	5	5	\$ 106.91	\$ 21.38	.013	\$ 21.38	\$ .28
MEDICINE/INJECTIONS	2	2	96.71	48.36	.005	48.36	.25
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	10.20	3.40	.008	3.40	.03
@HOME HEALTH AGENCY	1	1	\$ 37.43	\$ 37.43	.003	\$ 37.43	\$ .10
NURSE ANESTHESIST	2	8	175.66	21.96	.021	87.83	.46
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	71	542	\$ 38,771.18	\$ 71.53	1.415	\$ 546.07	\$ 101.23
HOSP INPATIENT TOTAL	9	40	27,248.00	681.20	.104	3027.56	71.14
HSC HOSPITALS	2	8	13,506.00	1688.25	.021	6753.00	35.26
NON-HSC HOSPITAL TOTAL	2	10	9,570.00	957.00	.026	4785.00	24.99
ACCOMMODATIONS	2	10	9,570.00	957.00	.026	4785.00	24.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.026	4785.00	24.99
ANCILLARIES	2	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.057	834.40	10.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	502	11,523.18	22.95	1.311	169.46	30.09
MEDICAL	20	48	2,301.18	47.94	.125	115.06	6.01
SURGERY	8	11	694.94	63.18	.029	86.87	1.81
PATHOLOGY	19	157	2,103.57	13.40	.410	110.71	5.49
RADIOLOGY	22	30	1,578.84	52.63	.078	71.77	4.12
ROOM USE	28	48	1,666.60	34.72	.125	59.52	4.35
CROSSOVERS/ALL OTH OUTPTNT	47	208	3,178.05	15.28	.543	67.62	8.30
@COUNTY HOSPITAL TOTAL	1	3	\$ 4,056.00	\$ 1352.00	.008	\$ 4056.00	\$ 10.59
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.00	1352.00	.008	4056.00	10.59
HSC HOSPITALS	1	3	4,056.00	1352.00	.008	4056.00	10.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,319  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	539	\$ 34,715.18	\$ 64.41	1.407	\$ 488.95	\$ 90.64
COMM HOSP INPATIENT TOTAL	8	37	23,192.00	626.81	.097	2899.00	60.55
HSC HOSPITALS	1	5	9,450.00	1890.00	.013	9450.00	24.67
NON-HSC HOSPITALS TOTAL	2	10	9,570.00	957.00	.026	4785.00	24.99
ACCOMMODATIONS	2	10	9,570.00	957.00	.026	4785.00	24.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.026	4785.00	24.99
ANCILLARIES	2	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.057	834.40	10.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	502	11,523.18	22.95	1.311	169.46	30.09
MEDICAL	20	48	2,301.18	47.94	.125	115.06	6.01
SURGERY	8	11	694.94	63.18	.029	86.87	1.81
PATHOLOGY	19	157	2,103.57	13.40	.410	110.71	5.49
RADIOLOGY	22	30	1,578.84	52.63	.078	71.77	4.12
ROOM USE	28	48	1,666.60	34.72	.125	59.52	4.35
CROSSOVERS/ALL OTH OUTPTNT	47	208	3,178.05	15.28	.543	67.62	8.30
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	806	\$ 100,493.45	\$ 124.68	2.104	\$ 4019.74	\$ 262.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	806	100,493.45	124.68	2.104	4019.74	262.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	33	\$ 522.77	\$ 15.84	.086	\$ 52.28	\$ 1.36
PATHOLOGY	10	33	522.77	15.84	.086	52.28	1.36
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	82	130	\$ 10,046.07	\$ 77.28	.339	\$ 122.51	\$ 26.23
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 DEL NORTE COUNTY

82 130 10,046.07 77.28 .339 122.51 26.23  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,320  
 FEE-FOR-SERVICE/DENTAL 01/29/04  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

383 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62	703	\$ 15,951.38	\$ 22.69	1.836	\$ 257.28	\$ 41.65
DURABLE MED. EQUIP.	3	22	6,291.15	285.96	.057	2097.05	16.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	344	5,344.48	15.54	.898	281.29	13.95
AMBULANCES/AIR TRANS	12	266	3,421.03	12.86	.695	285.09	8.93
OTHER TRANS	5	36	284.22	7.90	.094	56.84	.74
OTHER SERVICES	3	42	1,639.23	39.03	.110	546.41	4.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.003	105.00	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13	31		1,595.28	51.46	.081	122.71	4.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		264.56	132.28	.005	132.28	.69
PROSTHETICS	2	2		264.56	132.28	.005	132.28	.69
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4		140.08	35.02	.010	46.69	.37
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9		55.08	6.12	.023	18.36	.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	290		2,155.75	7.43	.757	89.82	5.63
@CALIF. CHILDREN SERVICES*	17	502	\$	30,183.66	\$ 60.13	1.311	\$ 1775.51	\$ 78.81
@XOVER EXCLUDING STATE HOSP**	81	1,685	\$	17,852.34	\$ 10.59	4.399	\$ 220.40	\$ 46.61

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,321
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

21,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,846	460,390	\$ 12,632,542.05	\$ 27.44	21.880	\$ 749.88	\$ 600.35
@PHYSICIANS SERVICES	3,232	9,228	\$ 380,856.12	\$ 41.27	.439	\$ 117.84	\$ 18.10
OUTPATIENT VISITS	1,372	1,959	70,070.42	35.77	.093	51.07	3.33
OFFICE VISITS	1,265	1,777	61,485.80	34.60	.084	48.61	2.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	96	119	6,535.36	54.92	.006	68.08	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	27	936.84	34.70	.001	156.14	.04
OTHER OUTPATIENT	33	36	1,112.42	30.90	.002	33.71	.05
INPATIENT VISITS	138	532	28,914.40	54.35	.025	209.52	1.37
HOSPITAL VISITS	128	430	19,270.66	44.82	.020	150.55	.92
CRITICAL CARE	19	89	9,064.94	101.85	.004	477.10	.43
SNF/ICF/TRANS IP CARE	9	13	578.80	44.52	.001	64.31	.03
OPHTHALMOLOGICAL SERVICES	131	156	6,500.02	41.67	.007	49.62	.31
EXAMINATIONS	131	156	6,500.02	41.67	.007	49.62	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	114	446	59,888.94	134.28	.021	525.34	2.85
PRINCIPAL SURGEON	99	154	52,931.95	343.71	.007	534.67	2.52
ASSISTANT SURGEON	7	7	1,497.29	213.90	.000	213.90	.07
ANESTHESIOLOGIST	17	285	5,459.70	19.16	.014	321.16	.26
OUTPATIENT SURGERY	369	721	91,782.98	127.30	.034	248.73	4.36
PRINCIPAL SURGEON	356	507	87,868.57	173.31	.024	246.82	4.18
ASSISTANT SURGEON	1	1	133.78	133.78	.000	133.78	.01
ANESTHESIOLOGIST	22	213	3,780.63	17.75	.010	171.85	.18
DIALYSIS	12	33	2,841.08	86.09	.002	236.76	.14
PATHOLOGY	401	919	13,573.23	14.77	.044	33.85	.65
RADIOLOGY	644	1,032	34,046.63	32.99	.049	52.87	1.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	52	103	9,981.68	96.91	.005	191.96	.47
OTHER SERVICES/ALL X-OVERS	1,316	3,327	63,256.74	19.01	.158	48.07	3.01

@PHARMACY	14,229	201,231	\$	6,670,594.22	\$	33.15	9.563	\$	468.80	\$	317.01
PRESCRIPTION DRUGS	14,097	60,488		6,534,573.83		108.03	2.875		463.54		310.55
SNF/ICF	95	992		63,413.70		63.93	.047		667.51		3.01
OUTPATIENTS	14,012	59,496		6,471,160.13		108.77	2.827		461.83		307.54
MEDICAL SUPPLIES	1,136	140,743		136,020.39		.97	6.689		119.74		6.46
@DENTIST	361	1,628	\$	90,943.61	\$	55.86	.077	\$	251.92	\$	4.32
VISITS - DIAGNOSTIC	239	686		9,702.70		14.14	.033		40.60		.46
ORAL SURGERY	82	602		35,070.37		58.26	.029		427.69		1.67
DRUGS	4	4		25.00		6.25	.000		6.25		.00
ANESTHESIA	33	33		3,300.00		100.00	.002		100.00		.16
PERIODONTICS	13	14		1,013.00		72.36	.001		77.92		.05
ENDODONTICS	8	10		2,130.00		213.00	.000		266.25		.10
RESTORATIVE DENTISTRY	86	150		9,831.00		65.54	.007		114.31		.47
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	60	118		29,871.54		253.15	.006		497.86		1.42
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	11		.00		.00	.001		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,322  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

21,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	676	1,788	\$ 40,565.15	\$ 22.69	.085	\$ 60.01	\$ 1.93
DIAGNOSTIC AND ANC. PROCED	362	372	16,279.24	43.76	.018	44.97	.77
EYE APPLIANCES	531	1,394	23,166.85	16.62	.066	43.63	1.10
OTHER OPTOMETRIC SERVICES	25	22	1,119.06	50.87	.001	44.76	.05
@CHIROPRACTOR	209	436	\$ 7,080.97	\$ 16.24	.021	\$ 33.88	\$ .34
VISITS	186	403	6,612.76	16.41	.019	35.55	.31
OTHER SERVICES	23	33	468.21	14.19	.002	20.36	.02
@PODIATRIST	217	347	\$ 8,905.13	\$ 25.66	.016	\$ 41.04	\$ .42
MEDICINE/INJECTIONS	130	158	4,152.85	26.28	.008	31.95	.20
SURGERY/ANES.	3	4	616.16	154.04	.000	205.39	.03
RADIO./PATHOLOGY	14	24	416.92	17.37	.001	29.78	.02
OTHER	89	161	3,719.20	23.10	.008	41.79	.18
@HOME HEALTH AGENCY	115	741	\$ 47,540.88	\$ 64.16	.035	\$ 413.40	\$ 2.26
NURSE ANESTHESIST	149	868	\$ 14,124.36	\$ 16.27	.041	\$ 94.79	\$ .67
NURSE MIDWIFE	8	14	\$ 2,588.00	\$ 184.86	.001	\$ 323.50	\$ .12
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3,782	18,959	\$ 3,187,396.04	\$ 168.12	.901	\$ 842.78	\$ 151.48
HOSP INPATIENT TOTAL	350	1,544	2,640,526.69	1710.19	.073	7544.36	125.49
HSC HOSPITALS	21	140	193,617.01	1382.98	.007	9219.86	9.20
NON-HSC HOSPITAL TOTAL	215	1,038	2,354,130.59	2267.95	.049	10949.44	111.88
ACCOMMODATIONS	214	1,038	781,077.16	752.48	.049	3649.89	37.12
ADMINISTRATIVE DAYS	18	78	18,041.40	231.30	.004	1002.30	.86
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	204	960	763,035.76	794.83	.046	3740.37	36.26
ANCILLARIES	215	0	1,573,053.43	.00	.000	7316.53	74.76
INPATIENT CROSSOVERS	117	366	92,779.09	253.49	.017	792.98	4.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,646	17,415	546,869.35	31.40	.828	149.99	25.99
MEDICAL	1,157	1,997	120,782.02	60.48	.095	104.39	5.74
SURGERY	277	365	20,053.92	54.94	.017	72.40	.95
PATHOLOGY	1,266	5,909	70,801.75	11.98	.281	55.93	3.36
RADIOLOGY	1,373	2,143	156,189.51	72.88	.102	113.76	7.42
ROOM USE	1,286	1,994	81,293.39	40.77	.095	63.21	3.86

CROSSEOVERS/ALL OTH OUTPTNT	1,881	5,007		97,748.76	19.52	.238	51.97	4.65
@COUNTY HOSPITAL TOTAL	11	67	\$	9,300.18	\$ 138.81	.003	\$ 845.47	\$ .44
CO HOSPITAL INPATIENT TOTAL	3	7		7,570.01	1081.43	.000	2523.34	.36
HSC HOSPITALS	3	7		7,570.01	1081.43	.000	2523.34	.36
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17	28.84	.003	192.24	.08
MEDICAL	2	3		128.95	42.98	.000	64.48	.01
SURGERY	1	1		5.81	5.81	.000	5.81	.00
PATHOLOGY	3	23		322.53	14.02	.001	107.51	.02
RADIOLOGY	1	3		382.52	127.51	.000	382.52	.02
ROOM USE	5	8		282.12	35.27	.000	56.42	.01
CROSSEOVERS/ALL OTH OUTPTNT	6	22		608.24	27.65	.001	101.37	.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,323  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	21,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,777	18,892	\$	3,178,095.86	\$ 168.22	.898	\$ 841.43	\$ 151.04
COMM HOSP INPATIENT TOTAL	348	1,537		2,632,956.68	1713.05	.073	7565.97	125.13
HSC HOSPITALS	18	133		186,047.00	1398.85	.006	10335.94	8.84
NON-HSC HOSPITALS TOTAL	215	1,038		2,354,130.59	2267.95	.049	10949.44	111.88
ACCOMMODATIONS	214	1,038		781,077.16	752.48	.049	3649.89	37.12
ADMINISTRATIVE DAYS	18	78		18,041.40	231.30	.004	1002.30	.86
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	204	960		763,035.76	794.83	.046	3740.37	36.26
ANCILLARIES	215	0		1,573,053.43	.00	.000	7316.53	74.76
INPATIENT CROSSEOVERS	117	366		92,779.09	253.49	.017	792.98	4.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,641	17,355		545,139.18	31.41	.825	149.72	25.91
MEDICAL	1,155	1,994		120,653.07	60.51	.095	104.46	5.73
SURGERY	277	364		20,048.11	55.08	.017	72.38	.95
PATHOLOGY	1,264	5,886		70,479.22	11.97	.280	55.76	3.35
RADIOLOGY	1,373	2,140		155,806.99	72.81	.102	113.48	7.40
ROOM USE	1,283	1,986		81,011.27	40.79	.094	63.14	3.85
CROSSEOVERS/ALL OTH OUTPTNT	1,877	4,985		97,140.52	19.49	.237	51.75	4.62
@STATE HOSPITAL	7	285	\$	139,288.43	\$ 488.73	.014	\$ 19898.35	\$ 6.62
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285		139,288.43	488.73	.014	19898.35	6.62
@NURSING FACILITY	58	1,862	\$	242,108.07	\$ 130.03	.088	\$ 4174.28	\$ 11.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553.15	.002	22126.00	1.05
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	57	1,822		219,982.07	120.74	.087	3859.33	10.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	1,547	\$	63,389.02	\$ 40.98	.074	\$ 1173.87	\$ 3.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	1,547		63,389.02	40.98	.074	1173.87	3.01

@REHABILITATION FACILITY	32	202	\$	5,124.39	\$	25.37	.010	\$	160.14	\$	.24
HOSPITAL BASED	32	202		5,124.39		25.37	.010		160.14		.24
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,465	5,388	\$	73,947.35	\$	13.72	.256	\$	50.48	\$	3.51
PATHOLOGY	1,460	5,371		73,808.38		13.74	.255		50.55		3.51
XO AND OTHERS	5	17		138.97		8.17	.001		27.79		.01
@ORGANIZED OUTPATIENT CLINIC	6,915	11,680	\$	1,076,512.63	\$	92.17	.555	\$	155.68	\$	51.16
CLINIC	15	41		1,549.20		37.79	.002		103.28		.07
SURGICENTER	0	0		85.00CR		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,907	11,639		1,075,048.43		92.37	.553		155.65		51.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,324
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

						----- MONTHLY AVERAGE -----			
21,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	2,625	204,186	\$ 581,577.68	\$ 2.85	9.704	\$ 221.55	\$ 27.64		
DURABLE MED. EQUIP.	216	543	117,162.61	215.77	.026	542.42	5.57		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	7	11	1,717.74	156.16	.001	245.39	.08		
MEDICAL TRANSPORTATION	552	102,142	258,862.81	2.53	4.854	468.95	12.30		
AMBULANCES/AIR TRANS	439	8,461	96,041.86	11.35	.402	218.77	4.56		
OTHER TRANS	89	93,390	139,765.53	1.50	4.438	1570.40	6.64		
OTHER SERVICES	47	291	23,055.42	79.23	.014	490.54	1.10		
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00		
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.012	1448.85	.83		
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.03		
IHMC,MODEL-NF,NF,AIDS,MSSP	10	52	8,510.69	163.67	.002	851.07	.40		
OCCUPATIONAL THERAPIST	2	16	304.48	19.03	.001	152.24	.01		
OPTICIAN	599	1,364	16,832.03	12.34	.065	28.10	.80		
PHYSICAL THERAPIST	198	1,677	26,115.01	15.57	.080	131.89	1.24		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	41	136	16,984.42	124.89	.006	414.25	.81		
PROSTHETICS	41	136	16,984.42	124.89	.006	414.25	.81		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	26	44	4,943.80	112.36	.002	190.15	.23		
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	285	6,359	50,373.35	7.92	.302	176.75	2.39		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	875	91,582	61,295.50	.67	4.352	70.05	2.91		
@CALIF. CHILDREN SERVICES*	96	4,812	\$ 157,140.80	\$ 32.66	.229	\$ 1636.88	\$ 7.47		
@XOVER EXCLUDING STATE HOSP**	2,138	18,911	\$ 235,902.17	\$ 12.47	.899	\$ 110.34	\$ 11.21		

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,325
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

						----- MONTHLY AVERAGE -----			
27,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	13,191	77,419	\$ 4,058,231.94	\$ 52.42	2.808	\$ 307.65	\$ 147.18		
@PHYSICIANS SERVICES	1,651	3,671	\$ 176,687.67	\$ 48.13	.133	\$ 107.02	\$ 6.41		
OUTPATIENT VISITS	801	1,044	37,105.61	35.54	.038	46.32	1.35		
OFFICE VISITS	691	898	30,239.79	33.67	.033	43.76	1.10		

HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	86	100	5,061.47	50.61	.004	58.85	.18
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	9	12	444.35	37.03	.000	49.37	.02
OTHER OUTPATIENT	29	32	1,277.68	39.93	.001	44.06	.05
INPATIENT VISITS	90	301	18,231.78	60.57	.011	202.58	.66
HOSPITAL VISITS	84	259	13,190.55	50.93	.009	157.03	.48
CRITICAL CARE	11	41	5,006.05	122.10	.001	455.10	.18
SNF/ICF/TRANS IP CARE	1	1	35.18	35.18	.000	35.18	.00
OPHTHALMOLOGICAL SERVICES	30	33	1,409.41	42.71	.001	46.98	.05
EXAMINATIONS	30	33	1,409.41	42.71	.001	46.98	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	249	33,654.57	135.16	.009	494.92	1.22
PRINCIPAL SURGEON	53	64	28,521.51	445.65	.002	538.14	1.03
ASSISTANT SURGEON	6	6	1,048.99	174.83	.000	174.83	.04
ANESTHESIOLOGIST	15	179	4,084.07	22.82	.006	272.27	.15

OUTPATIENT SURGERY	253	459		45,070.91		98.19	.017	178.15	1.63
PRINCIPAL SURGEON	242	341		42,407.48		124.36	.012	175.24	1.54
ASSISTANT SURGEON	1	1		207.74		207.74	.000	207.74	.01
ANESTHESIOLOGIST	15	117		2,455.69		20.99	.004	163.71	.09
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	149	234		4,915.42		21.01	.008	32.99	.18
RADIOLOGY	492	684		16,913.81		24.73	.025	34.38	.61
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	26	49		1,930.01		39.39	.002	74.23	.07
OTHER SERVICES/ALL X-OVERS	348	618		17,456.15		28.25	.022	50.16	.63
@PHARMACY	6,912	25,573	\$	893,919.61	\$	34.96	.927	\$ 129.33	\$ 32.42
PRESCRIPTION DRUGS	6,882	16,665		879,958.47		52.80	.604	127.86	31.91
SNF/ICF	1	2		203.00		101.50	.000	203.00	.01
OUTPATIENTS	6,881	16,663		879,755.47		52.80	.604	127.85	31.91
MEDICAL SUPPLIES	124	8,908		13,961.14		1.57	.323	112.59	.51
@DENTIST	373	2,417	\$	84,388.91	\$	34.91	.088	\$ 226.24	\$ 3.06
VISITS - DIAGNOSTIC	308	1,329		20,680.75		15.56	.048	67.15	.75
ORAL SURGERY	81	378		23,586.00		62.40	.014	291.19	.86
DRUGS	2	3		55.00		18.33	.000	27.50	.00
ANESTHESIA	22	23		2,200.00		95.65	.001	100.00	.08
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	35	80		5,655.00		70.69	.003	161.57	.21
RESTORATIVE DENTISTRY	150	562		27,395.00		48.75	.020	182.63	.99
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	10	23		4,417.16		192.05	.001	441.72	.16
SPACE MAINTAINERS	1	1		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		150.00		50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	5	5		175.00		35.00	.000	35.00	.01
ALL OTHER SERVICES	10	10		75.00		7.50	.000	7.50	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

PAGE 2,326  
01/29/04

27,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	460	1,236	\$ 29,358.25	\$ 23.75	.045	\$ 63.82	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	344	345	16,113.99	46.71	.013	46.84	.58
EYE APPLIANCES	328	890	13,232.26	14.87	.032	40.34	.48
OTHER OPTOMETRIC SERVICES	1	1	12.00	12.00	.000	12.00	.00
@CHIROPRACTOR	138	259	\$ 4,297.04	\$ 16.59	.009	\$ 31.14	\$ .16
VISITS	138	259	4,297.04	16.59	.009	31.14	.16
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	62	86	\$ 3,392.04	\$ 39.44	.003	\$ 54.71	\$ .12
MEDICINE/INJECTIONS	55	63	1,963.15	31.16	.002	35.69	.07
SURGERY/ANES.	3	4	400.97	100.24	.000	133.66	.01
RADIO./PATHOLOGY	7	9	157.42	17.49	.000	22.49	.01
OTHER	5	10	870.50	87.05	.000	174.10	.03
@HOME HEALTH AGENCY	13	89	\$ 6,374.37	\$ 71.62	.003	\$ 490.34	\$ .23
NURSE ANESTHESIST	177	846	\$ 16,163.21	\$ 19.11	.031	\$ 91.32	\$ .59
NURSE MIDWIFE	73	148	\$ 25,087.04	\$ 169.51	.005	\$ 343.66	\$ .91
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,967	15,872	\$ 1,432,376.78	\$ 90.25	.576	\$ 482.77	\$ 51.95
HOSP INPATIENT TOTAL	152	642	950,058.16	1479.84	.023	6250.38	34.46
HSC HOSPITALS	9	112	180,439.02	1611.06	.004	20048.78	6.54
NON-HSC HOSPITAL TOTAL	143	530	769,619.14	1452.11	.019	5381.95	27.91
ACCOMMODATIONS	143	530	344,071.82	649.19	.019	2406.10	12.48
ADMINISTRATIVE DAYS	4	11	2,544.30	231.30	.000	636.08	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	142	519	341,527.52	658.05	.019	2405.12	12.39
ANCILLARIES	143	0	425,547.32	.00	.000	2975.86	15.43
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,898	15,230	482,318.62	31.67	.552	166.43	17.49
MEDICAL	1,458	1,912	107,957.89	56.46	.069	74.05	3.92
SURGERY	338	434	24,834.16	57.22	.016	73.47	.90
PATHOLOGY	1,019	3,943	49,883.67	12.65	.143	48.95	1.81
RADIOLOGY	1,061	1,421	82,356.39	57.96	.052	77.62	2.99
ROOM USE	1,911	2,733	103,959.45	38.04	.099	54.40	3.77
CROSSOVERS/ALL OTH OUTPTNT	1,483	4,787	113,327.06	23.67	.174	76.42	4.11
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,327
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

					----- MONTHLY AVERAGE -----			
27,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,967	15,872	\$ 1,432,376.78	\$ 90.25	.576	\$ 482.77	\$ 51.95	
COMM HOSP INPATIENT TOTAL	152	642	950,058.16	1479.84	.023	6250.38	34.46	
HSC HOSPITALS	9	112	180,439.02	1611.06	.004	20048.78	6.54	
NON-HSC HOSPITALS TOTAL	143	530	769,619.14	1452.11	.019	5381.95	27.91	
ACCOMMODATIONS	143	530	344,071.82	649.19	.019	2406.10	12.48	
ADMINISTRATIVE DAYS	4	11	2,544.30	231.30	.000	636.08	.09	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	142	519	341,527.52	658.05	.019	2405.12	12.39	
ANCILLARIES	143	0	425,547.32	.00	.000	2975.86	15.43	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,898	15,230	482,318.62	31.67	.552	166.43	17.49	
MEDICAL	1,458	1,912	107,957.89	56.46	.069	74.05	3.92	
SURGERY	338	434	24,834.16	57.22	.016	73.47	.90	
PATHOLOGY	1,019	3,943	49,883.67	12.65	.143	48.95	1.81	
RADIOLOGY	1,061	1,421	82,356.39	57.96	.052	77.62	2.99	
ROOM USE	1,911	2,733	103,959.45	38.04	.099	54.40	3.77	
CROSSOVERS/ALL OTH OUTPTNT	1,483	4,787	113,327.06	23.67	.174	76.42	4.11	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	29	250	\$	6,408.03	\$	.009	\$	220.97
HOSPITAL BASED	29	250		6,408.03		.009		220.97
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	876	2,664	\$	42,464.31	\$	.097	\$	48.48
PATHOLOGY	876	2,664		42,464.31		.097		48.48
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,205	10,568	\$	1,209,947.57	\$	.383	\$	167.93
CLINIC	27	121		5,384.81		.004		199.44
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,188	10,447		1,204,562.76		.379		167.58
#CALIF DEPT OF HEALTH SERV								43.69
MOP024								
DEL NORTE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

PAGE 2,328  
 01/29/04

	27,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,263	13,740	\$	127,367.11	\$ 9.27	.498	\$ 100.84	\$ 4.62
DURABLE MED. EQUIP.	54	98		9,241.87	94.30	.004	171.15	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	183	2,551		46,045.38	18.05	.093	251.61	1.67
AMBULANCES/AIR TRANS	180	2,540		32,657.88	12.86	.092	181.43	1.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	11		13,387.50	1217.05	.000	1115.63	.49
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	36	36		3,727.50	103.54	.001	103.54	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	6	58		831.12	14.33	.002	138.52	.03
OPTICIAN	306	665		5,985.37	9.00	.024	19.56	.22
PHYSICAL THERAPIST	68	430		7,378.50	17.16	.016	108.51	.27
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	36		4,408.84	122.47	.001	259.34	.16
PROSTHETICS	17	35		4,320.15	123.43	.001	254.13	.16
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	41	93		4,286.43	46.09	.003	104.55	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	549	4,346		40,035.58	9.21	.158	72.92	1.45
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	5,426		5,399.49	1.00	.197	163.62	.20
@CALIF. CHILDREN SERVICES*	66	433	\$	209,257.40	\$ 483.27	.016	\$ 3170.57	\$ 7.59
@XOVER EXCLUDING STATE HOSP**	2	3	\$	91.34	\$ 30.45	.000	\$ 45.67	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



52,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	32,843	590,929	\$ 17,925,476.45	\$ 30.33	11.330	\$	545.79	\$ 343.70
@PHYSICIANS SERVICES	5,383	14,132	\$ 585,533.00	\$ 41.43	.271	\$	108.77	\$ 11.23
OUTPATIENT VISITS	2,207	3,047	108,984.76	35.77	.058		49.38	2.09
OFFICE VISITS	1,987	2,713	93,155.74	34.34	.052		46.88	1.79
HOME VISITS	1	1	27.49	27.49	.000		27.49	.00
EMERGENCY ROOM	186	225	11,975.41	53.22	.004		64.38	.23
PREVENTIVE CARE	1	1	54.83	54.83	.000		54.83	.00
OB VISITS/COMPRE PERI	15	39	1,381.19	35.42	.001		92.08	.03
OTHER OUTPATIENT	62	68	2,390.10	35.15	.001		38.55	.05
INPATIENT VISITS	228	833	47,146.18	56.60	.016		206.78	.90
HOSPITAL VISITS	212	689	32,461.21	47.11	.013		153.12	.62
CRITICAL CARE	30	130	14,070.99	108.24	.002		469.03	.27
SNF/ICF/TRANS IP CARE	10	14	613.98	43.86	.000		61.40	.01
OPHTHALMOLOGICAL SERVICES	167	195	8,240.49	42.26	.004		49.34	.16
EXAMINATIONS	167	195	8,240.49	42.26	.004		49.34	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	182	695	93,543.51	134.59	.013		513.98	1.79
PRINCIPAL SURGEON	152	218	81,453.46	373.64	.004		535.88	1.56
ASSISTANT SURGEON	13	13	2,546.28	195.87	.000		195.87	.05
ANESTHESIOLOGIST	32	464	9,543.77	20.57	.009		298.24	.18
OUTPATIENT SURGERY	625	1,183	137,194.54	115.97	.023		219.51	2.63
PRINCIPAL SURGEON	601	851	130,616.70	153.49	.016		217.33	2.50
ASSISTANT SURGEON	2	2	341.52	170.76	.000		170.76	.01
ANESTHESIOLOGIST	37	330	6,236.32	18.90	.006		168.55	.12
DIALYSIS	12	33	2,841.08	86.09	.001		236.76	.05
PATHOLOGY	552	1,155	18,579.30	16.09	.022		33.66	.36
RADIOLOGY	1,150	1,732	51,392.12	29.67	.033		44.69	.99
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	82	176	17,547.25	99.70	.003		213.99	.34
OTHER SERVICES/ALL X-OVERS	2,126	5,083	100,063.77	19.69	.097		47.07	1.92
@PHARMACY	23,566	263,629	\$ 8,326,070.14	\$ 31.58	5.055	\$	353.31	\$ 159.64
PRESCRIPTION DRUGS	23,362	86,938	8,148,516.64	93.73	1.667		348.79	156.24
SNF/ICF	161	1,466	91,127.10	62.16	.028		566.01	1.75
OUTPATIENTS	23,214	85,472	8,057,389.54	94.27	1.639		347.09	154.49
MEDICAL SUPPLIES	1,547	176,691	177,553.50	1.00	3.388		114.77	3.40
@DENTIST	785	4,206	\$ 183,590.52	\$ 43.65	.081	\$	233.87	\$ 3.52
VISITS - DIAGNOSTIC	576	2,092	31,482.45	15.05	.040		54.66	.60
ORAL SURGERY	174	1,020	60,786.37	59.59	.020		349.35	1.17
DRUGS	7	10	125.00	12.50	.000		17.86	.00
ANESTHESIA	56	57	5,600.00	98.25	.001		100.00	.11
PERIODONTICS	14	15	1,068.00	71.20	.000		76.29	.02
ENDODONTICS	46	93	8,000.00	86.02	.002		173.91	.15
RESTORATIVE DENTISTRY	239	718	37,377.00	52.06	.014		156.39	.72
PROSTHETICS	1	1	30.00	30.00	.000		30.00	.00
DENTURES, STAYPLATES	85	167	38,721.70	231.87	.003		455.55	.74
SPACE MAINTAINERS	1	1	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	3	3	150.00	50.00	.000		50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	5	5	175.00	35.00	.000		35.00	.00
ALL OTHER SERVICES	25	24	75.00	3.13	.000		3.00	.00

52,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,197	3,171	\$	73,285.58	\$ 23.11	.061	\$ 61.22	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	720	730		32,985.22	45.19	.014	45.81	.63
EYE APPLIANCES	906	2,414		38,923.20	16.12	.046	42.96	.75
OTHER OPTOMETRIC SERVICES	33	27		1,377.16	51.01	.001	41.73	.03
@CHIROPRACTOR	351	704	\$	11,451.18	\$ 16.27	.013	\$ 32.62	\$ .22
VISITS	325	663		10,926.52	16.48	.013	33.62	.21
OTHER SERVICES	26	41		524.66	12.80	.001	20.18	.01
@PODIATRIST	358	545	\$	13,809.53	\$ 25.34	.010	\$ 38.57	\$ .26
MEDICINE/INJECTIONS	187	223		6,212.71	27.86	.004	33.22	.12
SURGERY/ANES.	6	8		1,017.13	127.14	.000	169.52	.02
RADIO./PATHOLOGY	21	33		574.34	17.40	.001	27.35	.01
OTHER	171	281		6,005.35	21.37	.005	35.12	.12
@HOME HEALTH AGENCY	129	831	\$	53,952.68	\$ 64.93	.016	\$ 418.24	\$ 1.03
NURSE ANESTHESIST	329	1,725	\$	30,493.68	\$ 17.68	.033	\$ 92.69	\$ .58

NURSE MIDWIFE	81	162	\$	27,675.04	\$	170.83	.003	\$	341.67	\$	.53
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7,160	36,404	\$	4,719,015.26	\$	129.63	.698	\$	659.08	\$	90.48
HOSP INPATIENT TOTAL	571	2,431		3,666,726.15		1508.32	.047		6421.59		70.31
HSC HOSPITALS	32	260		387,562.03		1490.62	.005		12111.31		7.43
NON-HSC HOSPITAL TOTAL	360	1,578		3,133,319.73		1985.63	.030		8703.67		60.08
ACCOMMODATIONS	359	1,578		1,134,718.98		719.09	.030		3160.78		21.76
ADMINISTRATIVE DAYS	22	89		20,585.70		231.30	.002		935.71		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	348	1,489		1,114,133.28		748.24	.029		3201.53		21.36
ANCILLARIES	360	0		1,998,600.75		.00	.000		5551.67		38.32
INPATIENT CROSSOVERS	182	593		145,844.39		245.94	.011		801.34		2.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,941	33,973		1,052,289.11		30.97	.651		151.60		20.18
MEDICAL	2,635	3,957		231,041.09		58.39	.076		87.68		4.43
SURGERY	623	810		45,583.02		56.28	.016		73.17		.87
PATHOLOGY	2,305	10,010		122,796.69		12.27	.192		53.27		2.35
RADIOLOGY	2,456	3,594		240,124.74		66.81	.069		97.77		4.60
ROOM USE	3,225	4,775		186,919.44		39.15	.092		57.96		3.58
CROSSOVERS/ALL OTH OUTPTNT	3,739	10,827		225,824.13		20.86	.208		60.40		4.33
@COUNTY HOSPITAL TOTAL	12	70	\$	13,356.18	\$	190.80	.001	\$	1113.02	\$	.26
CO HOSPITAL INPATIENT TOTAL	4	10		11,626.01		1162.60	.000		2906.50		.22
HSC HOSPITALS	4	10		11,626.01		1162.60	.000		2906.50		.22
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	60		1,730.17		28.84	.001		192.24		.03
MEDICAL	2	3		128.95		42.98	.000		64.48		.00
SURGERY	1	1		5.81		5.81	.000		5.81		.00
PATHOLOGY	3	23		322.53		14.02	.000		107.51		.01
RADIOLOGY	1	3		382.52		127.51	.000		382.52		.01
ROOM USE	5	8		282.12		35.27	.000		56.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	22		608.24		27.65	.000		101.37		.01
#CALIF DEPT OF HEALTH SERV											
MOP024											
DEL NORTE COUNTY											

PAGE 2,331  
01/29/04

				----- MONTHLY AVERAGE -----				
	52,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,155	36,334	\$	4,705,659.08	\$ 129.51	.697	\$ 657.67	\$ 90.23
COMM HOSP INPATIENT TOTAL	568	2,421		3,655,100.14	1509.75	.046	6435.04	70.08
HSC HOSPITALS	28	250		375,936.02	1503.74	.005	13426.29	7.21
NON-HSC HOSPITALS TOTAL	360	1,578		3,133,319.73	1985.63	.030	8703.67	60.08
ACCOMMODATIONS	359	1,578		1,134,718.98	719.09	.030	3160.78	21.76
ADMINISTRATIVE DAYS	22	89		20,585.70	231.30	.002	935.71	.39
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	348	1,489		1,114,133.28	748.24	.029	3201.53	21.36
ANCILLARIES	360	0		1,998,600.75	.00	.000	5551.67	38.32
INPATIENT CROSSOVERS	182	593		145,844.39	245.94	.011	801.34	2.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,936	33,913		1,050,558.94	30.98	.650	151.46	20.14
MEDICAL	2,633	3,954		230,912.14	58.40	.076	87.70	4.43
SURGERY	623	809		45,577.21	56.34	.016	73.16	.87
PATHOLOGY	2,303	9,987		122,474.16	12.26	.191	53.18	2.35

RADIOLOGY	2,456	3,591	239,742.22	66.76	.069	97.61	4.60
ROOM USE	3,222	4,767	186,637.32	39.15	.091	57.93	3.58
CROSSOVERS/ALL OTH OUTPTNT	3,735	10,805	225,215.89	20.84	.207	60.30	4.32
@STATE HOSPITAL	7	285	\$ 139,288.43	\$ 488.73	.005	\$ 19898.35	\$ 2.67
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285	139,288.43	488.73	.005	19898.35	2.67
@NURSING FACILITY	135	3,732	\$ 469,031.33	\$ 125.68	.072	\$ 3474.31	\$ 8.99
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40	22,126.00	553.15	.001	22126.00	.42
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	134	3,692	446,905.33	121.05	.071	3335.11	8.57
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	55	1,549	\$ 64,168.59	\$ 41.43	.030	\$ 1166.70	\$ 1.23
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	1,549	64,168.59	41.43	.030	1166.70	1.23
@REHABILITATION FACILITY	61	452	\$ 11,532.42	\$ 25.51	.009	\$ 189.06	\$ .22
HOSPITAL BASED	61	452	11,532.42	25.51	.009	189.06	.22
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,368	8,107	\$ 117,166.08	\$ 14.45	.155	\$ 49.48	\$ 2.25
PATHOLOGY	2,359	8,086	117,004.60	14.47	.155	49.60	2.24
XO AND OTHERS	9	21	161.48	7.69	.000	17.94	.00
@ORGANIZED OUTPATIENT CLINIC	14,768	23,346	\$ 2,343,317.21	\$ 100.37	.448	\$ 158.68	\$ 44.93
CLINIC	42	162	6,934.01	42.80	.003	165.10	.13
SURGICENTER	0	0	85.00CR	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14,743	23,184	2,336,468.20	100.78	.445	158.48	44.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,332
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

	52,154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,454	227,949	\$ 756,095.78	\$ 3.32	4.371	\$ 169.76	\$ 14.50	
DURABLE MED. EQUIP.	288	713	135,276.25	189.73	.014	469.71	2.59	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	12	2,102.81	175.23	.000	262.85	.04	
MEDICAL TRANSPORTATION	774	106,234	312,369.18	2.94	2.037	403.58	5.99	
AMBULANCES/AIR TRANS	631	11,267	132,120.77	11.73	.216	209.38	2.53	
OTHER TRANS	103	94,532	141,893.69	1.50	1.813	1377.61	2.72	
OTHER SERVICES	73	435	38,354.72	88.17	.008	525.41	.74	
ACUPUNCTURE	2	3	70.28	23.43	.000	35.14	.00	
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.005	1448.85	.33	
GENETIC DISEASE TESTING	44	44	4,567.50	103.81	.001	103.81	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	10	52	8,510.69	163.67	.001	851.07	.16	
OCCUPATIONAL THERAPIST	8	74	1,135.60	15.35	.001	141.95	.02	
OPTICIAN	1,001	2,239	26,791.57	11.97	.043	26.76	.51	
PHYSICAL THERAPIST	266	2,107	33,493.51	15.90	.040	125.92	.64	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	61	175	21,661.68	123.78	.003	355.11	.42	
PROSTHETICS	61	174	21,572.99	123.98	.003	353.66	.41	
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	83	156	13,569.88	86.99	.003	163.49	.26	
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	837	10,714		90,464.01		8.44	.205	108.08	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1,327	105,175		88,385.83		.84	2.017	66.61	1.69
@CALIF. CHILDREN SERVICES*	179	5,747	\$	396,581.86	\$	69.01	.110	\$ 2215.54	\$ 7.60
@XOVER EXCLUDING STATE HOSP**	3,208	27,741	\$	365,714.02	\$	13.18	.532	\$ 114.00	\$ 7.01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,333  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,294	16,515	\$ 606,691.10	\$ 36.74	9.613	\$ 468.85	\$ 353.14
@PHYSICIANS SERVICES	219	974	\$ 13,962.78	\$ 14.34	.567	\$ 63.76	\$ 8.13
OUTPATIENT VISITS	12	16	635.00	39.69	.009	52.92	.37
OFFICE VISITS	11	15	590.40	39.36	.009	53.67	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	604.71	75.59	.005	201.57	.35
HOSPITAL VISITS	3	5	239.91	47.98	.003	79.97	.14
CRITICAL CARE	1	3	364.80	121.60	.002	364.80	.21
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.001	82.65	.05
PRINCIPAL SURGEON	1	1	82.65	82.65	.001	82.65	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.001	295.23	.17
PRINCIPAL SURGEON	1	1	295.23	295.23	.001	295.23	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.001	48.20	.03
RADIOLOGY	4	5	42.85	8.57	.003	10.71	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	207	942	12,254.14	13.01	.548	59.20	7.13
@PHARMACY	1,051	9,234	\$ 343,611.67	\$ 37.21	5.375	\$ 326.94	\$ 200.01
PRESCRIPTION DRUGS	1,044	4,106	337,449.05	82.18	2.390	323.23	196.42
SNF/ICF	30	203	12,670.69	62.42	.118	422.36	7.38
OUTPATIENTS	1,015	3,903	324,778.36	83.21	2.272	319.98	189.04
MEDICAL SUPPLIES	40	5,128	6,162.62	1.20	2.985	154.07	3.59
@DENTIST	29	84	\$ 11,597.00	\$ 138.06	.049	\$ 399.90	\$ 6.75
VISITS - DIAGNOSTIC	13	32	456.00	14.25	.019	35.08	.27
ORAL SURGERY	3	25	1,106.00	44.24	.015	368.67	.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	6	635.00	105.83	.003	211.67	.37
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	11	21	9,400.00	447.62	.012	854.55	5.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,334  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	52	\$ 1,116.18	\$ 21.47	.030	\$ 46.51	\$ .65
DIAGNOSTIC AND ANC. PROCED	5	4	189.80	47.45	.002	37.96	.11
EYE APPLIANCES	18	46	796.88	17.32	.027	44.27	.46
OTHER OPTOMETRIC SERVICES	3	2	129.50	64.75	.001	43.17	.08
@CHIROPRACTOR	4	5	\$ 83.60	\$ 16.72	.003	\$ 20.90	\$ .05
VISITS	2	3	50.16	16.72	.002	25.08	.03
OTHER SERVICES	2	2	33.44	16.72	.001	16.72	.02
@PODIATRIST	28	43	\$ 441.24	\$ 10.26	.025	\$ 15.76	\$ .26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	28	43	441.24	10.26	.025	15.76	.26
@HOME HEALTH AGENCY	2	14	\$ 1,003.31	\$ 71.67	.008	\$ 501.66	\$ .58
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	209	720	\$ 80,951.06	\$ 112.43	.419	\$ 387.33	\$ 47.12
HOSP INPATIENT TOTAL	44	159	69,826.87	439.16	.093	1586.97	40.64
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	10	36,382.35	3638.24	.006	18191.18	21.18
ACCOMMODATIONS	2	10	10,381.80	1038.18	.006	5190.90	6.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	10,381.80	1038.18	.006	5190.90	6.04
ANCILLARIES	2	0	26,000.55	.00	.000	13000.28	15.13
INPATIENT CROSSOVERS	42	149	33,444.52	224.46	.087	796.30	19.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	193	561	11,124.19	19.83	.327	57.64	6.48
MEDICAL	3	5	910.28	182.06	.003	303.43	.53
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	66.86	16.72	.002	22.29	.04
RADIOLOGY	7	7	183.03	26.15	.004	26.15	.11
ROOM USE	3	5	291.07	58.21	.003	97.02	.17
CROSSOVERS/ALL OTH OUTPTNT	186	540	9,672.95	17.91	.314	52.01	5.63
@COUNTY HOSPITAL TOTAL	4	6	\$ 889.26	\$ 148.21	.003	\$ 222.32	\$ .52
CO HOSPITAL INPATIENT TOTAL	1	3	840.00	280.00	.002	840.00	.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.002	840.00	.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	3	49.26	16.42	.002	16.42	.03
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	3	3	49.26	16.42	.002	16.42	.03

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,335  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

	1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	714	\$	80,061.80	\$ 112.13	.416	\$ 390.55	\$ 46.60
COMM HOSP INPATIENT TOTAL	43	156		68,986.87	442.22	.091	1604.35	40.16
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10		36,382.35	3638.24	.006	18191.18	21.18
ACCOMMODATIONS	2	10		10,381.80	1038.18	.006	5190.90	6.04

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		10,381.80	1038.18	.006	5190.90	6.04
ANCILLARIES	2	0		26,000.55	.00	.000	13000.28	15.13
INPATIENT CROSSOVERS	41	146		32,604.52	223.32	.085	795.23	18.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	190	558		11,074.93	19.85	.325	58.29	6.45
MEDICAL	3	5		910.28	182.06	.003	303.43	.53
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4		66.86	16.72	.002	22.29	.04
RADIOLOGY	7	7		183.03	26.15	.004	26.15	.11
ROOM USE	3	5		291.07	58.21	.003	97.02	.17
CROSSOVERS/ALL OTH OUTPTNT	183	537		9,623.69	17.92	.313	52.59	5.60
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	35	931	\$	117,595.20	\$ 126.31	.542	\$ 3359.86	\$ 68.45
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	35	931		117,595.20	126.31	.542	3359.86	68.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	30	\$	335.89	\$ 11.20	.017	\$ 30.54	\$ .20
PATHOLOGY	11	30		335.89	11.20	.017	30.54	.20
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	247	399	\$	21,232.13	\$ 53.21	.232	\$ 85.96	\$ 12.36
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	247	399		21,232.13	53.21	.232	85.96	12.36

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,336  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	213	4,029	\$ 14,761.04	\$ 3.66	2.345	\$ 69.30	\$ 8.59
DURABLE MED. EQUIP.	11	21	2,277.71	108.46	.012	207.06	1.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	400.09	400.09	.001	400.09	.23
MEDICAL TRANSPORTATION	11	158	569.80	3.61	.092	51.80	.33
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	16	126.32	7.90	.009	31.58	.07
OTHER SERVICES	7	142	443.48	3.12	.083	63.35	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00



OPTICIAN	35	86	1,302.96	15.15	.050	37.23	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	77.28	38.64	.001	77.28	.04
PROSTHETICS	1	2	77.28	38.64	.001	77.28	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	5	1,051.33	210.27	.003	262.83	.61
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	3,756	9,081.87	2.42	2.186	55.04	5.29
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	470	3,259	73,074.12	22.42	1.897	155.48	42.53

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,337
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	398	\$ 34,807.99	\$ 87.46	17.304	\$ 1740.40	\$ 1513.39
@PHYSICIANS SERVICES	5	9	\$ 118.80	\$ 13.20	.391	\$ 23.76	\$ 5.17
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9	118.80	13.20	.391	23.76	5.17
@PHARMACY	17	111	\$ 5,419.49	\$ 48.82	4.826	\$ 318.79	\$ 235.63
PRESCRIPTION DRUGS	17	111	5,419.49	48.82	4.826	318.79	235.63
SNF/ICF	11	86	4,265.43	49.60	3.739	387.77	185.45
OUTPATIENTS	7	25	1,154.06	46.16	1.087	164.87	50.18

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	6	\$	54.75	\$ 9.13	.261	\$ 54.75	\$ 2.38
VISITS - DIAGNOSTIC	1	6		54.75	9.13	.261	54.75	2.38
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,338	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						AID CODE 24	

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 37.23	\$ 18.62	.087	\$ 18.62	\$ 1.62
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	37.23	18.62	.087	18.62	1.62
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	5	\$ 92.02	\$ 18.40	.217	\$ 30.67	\$ 4.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	92.02	18.40	.217	30.67	4.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

PAGE 2,339 01/29/04

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$ 92.02	\$ 18.40	.217	\$ 30.67	\$ 4.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	92.02	18.40	.217	30.67	4.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	251	\$ 28,947.62	\$ 115.33	10.913	\$ 3216.40	\$ 1258.59
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9	251	28,947.62	115.33	10.913	3216.40	1258.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND							
	AID CODE 24							
	----- MONTHLY AVERAGE -----							
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	14	\$	138.08	\$ 9.86	.609	\$ 34.52	\$ 6.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.522	47.37	4.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.522	47.37	4.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	43.34	21.67	.087	21.67	1.88
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	17	\$ 312.30	\$ 18.37	.739	\$ 34.70	\$ 13.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,341
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

1,847 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,269	19,223	\$ 659,139.46	\$ 34.29	10.408	\$ 519.42	\$ 356.87
@PHYSICIANS SERVICES	215	1,672	\$ 19,949.50	\$ 11.93	.905	\$ 92.79	\$ 10.80
OUTPATIENT VISITS	59	92	3,407.34	37.04	.050	57.75	1.84
OFFICE VISITS	51	68	2,430.95	35.75	.037	47.67	1.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	221.66	55.42	.002	55.42	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	20	754.73	37.74	.011	150.95	.41
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	27	1,409.50	52.20	.015	281.90	.76
HOSPITAL VISITS	5	23	1,048.50	45.59	.012	209.70	.57
CRITICAL CARE	2	4	361.00	90.25	.002	180.50	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	361.58	40.18	.005	45.20	.20
EXAMINATIONS	8	9	361.58	40.18	.005	45.20	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	7	1,799.76	257.11	.004	359.95	.97
PRINCIPAL SURGEON	5	7	1,799.76	257.11	.004	359.95	.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	19	48	5,115.75	106.58	.026	269.25	2.77
PRINCIPAL SURGEON	17	23	4,777.68	207.73	.012	281.04	2.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	25	338.07	13.52	.014	169.04	.18

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	16	33		841.62		25.50	.018	52.60	.46
RADIOLOGY	24	43		1,055.54		24.55	.023	43.98	.57
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		36.80		12.27	.002	18.40	.02
OTHER SERVICES/ALL X-OVERS	128	1,410		5,921.61		4.20	.763	46.26	3.21
@PHARMACY	1,018	10,705	\$	418,828.74	\$	39.12	5.796	\$ 411.42	\$ 226.76
PRESCRIPTION DRUGS	1,011	4,094		414,604.01		101.27	2.217	410.09	224.47
SNF/ICF	12	97		6,288.35		64.83	.053	524.03	3.40
OUTPATIENTS	999	3,997		408,315.66		102.16	2.164	408.72	221.07
MEDICAL SUPPLIES	46	6,611		4,224.73		.64	3.579	91.84	2.29
@DENTIST	48	211	\$	13,090.45	\$	62.04	.114	\$ 272.72	\$ 7.09
VISITS - DIAGNOSTIC	25	64		985.00		15.39	.035	39.40	.53
ORAL SURGERY	11	105		5,159.00		49.13	.057	469.00	2.79
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	5	5		500.00		100.00	.003	100.00	.27
PERIODONTICS	3	3		518.00		172.67	.002	172.67	.28
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	11	15		1,635.00		109.00	.008	148.64	.89
PROSTHETICS	1	1		.00		.00	.001	.00	.00
DENTURES, STAYPLATES	9	15		4,293.45		286.23	.008	477.05	2.32
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	3		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								
----- MONTHLY AVERAGE -----									
1,847 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	51	126	\$	2,720.43	\$ 21.59	.068	\$ 53.34	\$ 1.47	
DIAGNOSTIC AND ANC. PROCED	15	16		684.62	42.79	.009	45.64	.37	
EYE APPLIANCES	40	108		1,857.51	17.20	.058	46.44	1.01	
OTHER OPTOMETRIC SERVICES	4	2		178.30	89.15	.001	44.58	.10	
@CHIROPRACTOR	12	26	\$	371.36	\$ 14.28	.014	\$ 30.95	\$ .20	
VISITS	11	21		351.12	16.72	.011	31.92	.19	
OTHER SERVICES	1	5		20.24	4.05	.003	20.24	.01	
@PODIATRIST	28	48	\$	732.98	\$ 15.27	.026	\$ 26.18	\$ .40	
MEDICINE/INJECTIONS	11	11		240.60	21.87	.006	21.87	.13	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60	.02	
OTHER	16	35		457.78	13.08	.019	28.61	.25	
@HOME HEALTH AGENCY	1	15	\$	1,035.05	\$ 69.00	.008	\$ 1035.05	\$ .56	
NURSE ANESTHESIST	5	31	\$	525.43	\$ 16.95	.017	\$ 105.09	\$ .28	
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	176	607	\$	66,658.81	\$ 109.82	.329	\$ 378.74	\$ 36.09	
HOSP INPATIENT TOTAL	18	51		50,107.59	982.50	.028	2783.76	27.13	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	5	30		41,134.16	1371.14	.016	8226.83	22.27	
ACCOMMODATIONS	5	30		24,063.88	802.13	.016	4812.78	13.03	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	30		24,063.88	802.13	.016	4812.78	13.03	
ANCILLARIES	5	0		17,070.28	.00	.000	3414.06	9.24	
INPATIENT CROSSOVERS	13	21		8,973.43	427.31	.011	690.26	4.86	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	168	556	16,551.22	29.77	.301	98.52	8.96
MEDICAL	28	46	2,732.98	59.41	.025	97.61	1.48
SURGERY	13	16	745.37	46.59	.009	57.34	.40
PATHOLOGY	41	146	1,682.69	11.53	.079	41.04	.91
RADIOLOGY	29	50	3,376.86	67.54	.027	116.44	1.83
ROOM USE	33	52	2,650.78	50.98	.028	80.33	1.44
CROSSOVERS/ALL OTH OUTPTNT	110	246	5,362.54	21.80	.133	48.75	2.90
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,343
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

1,847 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176	607	\$ 66,658.81	\$ 109.82	.329	\$ 378.74	\$ 36.09
COMM HOSP INPATIENT TOTAL	18	51	50,107.59	982.50	.028	2783.76	27.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	30	41,134.16	1371.14	.016	8226.83	22.27
ACCOMMODATIONS	5	30	24,063.88	802.13	.016	4812.78	13.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	30	24,063.88	802.13	.016	4812.78	13.03
ANCILLARIES	5	0	17,070.28	.00	.000	3414.06	9.24
INPATIENT CROSSOVERS	13	21	8,973.43	427.31	.011	690.26	4.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	556	16,551.22	29.77	.301	98.52	8.96
MEDICAL	28	46	2,732.98	59.41	.025	97.61	1.48
SURGERY	13	16	745.37	46.59	.009	57.34	.40
PATHOLOGY	41	146	1,682.69	11.53	.079	41.04	.91
RADIOLOGY	29	50	3,376.86	67.54	.027	116.44	1.83
ROOM USE	33	52	2,650.78	50.98	.028	80.33	1.44
CROSSOVERS/ALL OTH OUTPTNT	110	246	5,362.54	21.80	.133	48.75	2.90
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	312	\$ 41,074.90	\$ 131.65	.169	\$ 3422.91	\$ 22.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	312	41,074.90	131.65	.169	3422.91	22.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	68	\$ 697.84	\$ 10.26	.037	\$ 697.84	\$ .38
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	68	697.84	10.26	.037	697.84	.38
@REHABILITATION FACILITY	2	5	\$ 126.66	\$ 25.33	.003	\$ 63.33	\$ .07
HOSPITAL BASED	2	5	126.66	25.33	.003	63.33	.07
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	43	154	\$ 2,014.25	\$ 13.08	.083	\$ 46.84	\$ 1.09
PATHOLOGY	43	154	2,014.25	13.08	.083	46.84	1.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	437	687	\$ 49,534.50	\$ 72.10	.372	\$ 113.35	\$ 26.82
CLINIC	2	3	47.49	15.83	.002	23.75	.03
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	435	684	49,487.01	72.35	.370	113.76	26.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,344
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

	1,847 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	186	4,556	\$ 41,778.56	\$ 9.17	2.467	\$ 224.62	\$ 22.62	
DURABLE MED. EQUIP.	10	31	22,209.06	716.42	.017	2220.91	12.02	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	23	285	2,596.46	9.11	.154	112.89	1.41	
AMBULANCES/AIR TRANS	15	233	2,184.31	9.37	.126	145.62	1.18	
OTHER TRANS	6	45	399.24	8.87	.024	66.54	.22	
OTHER SERVICES	2	7	12.91	1.84	.004	6.46	.01	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	908.90	129.84	.004	454.45	.49	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	52	119	1,621.08	13.62	.064	31.17	.88	
PHYSICAL THERAPIST	6	35	577.15	16.49	.019	96.19	.31	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	4	14	1,783.68	127.41	.008	445.92	.97	
PROSTHETICS	4	14	1,783.68	127.41	.008	445.92	.97	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	6	274.02	45.67	.003	137.01	.15	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	19	1,037	7,630.40	7.36	.561	401.60	4.13	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	80	3,022	4,177.81	1.38	1.636	52.22	2.26	
@CALIF. CHILDREN SERVICES*	3	28	\$ 22,986.88	\$ 820.96	.015	\$ 7662.29	\$ 12.45	
@XOVER EXCLUDING STATE HOSP**	264	5,307	\$ 29,154.33	\$ 5.49	2.873	\$ 110.43	\$ 15.78	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,345
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----



28,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,891	69,139 \$	4,239,164.25	\$ 61.31	2.391	\$ 328.85	\$ 146.63
@PHYSICIANS SERVICES	1,790	3,925 \$	194,383.34	\$ 49.52	.136	\$ 108.59	\$ 6.72
OUTPATIENT VISITS	899	1,230	43,438.67	35.32	.043	48.32	1.50
OFFICE VISITS	811	1,065	36,139.43	33.93	.037	44.56	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	59	3,281.59	55.62	.002	58.60	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	23	73	2,719.06	37.25	.003	118.22	.09
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	65	155	10,167.88	65.60	.005	156.43	.35
HOSPITAL VISITS	62	129	7,415.83	57.49	.004	119.61	.26
CRITICAL CARE	5	26	2,752.05	105.85	.001	550.41	.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	39	1,597.73	40.97	.001	49.93	.06

EXAMINATIONS	32	39		1,597.73	40.97	.001	49.93	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	80	372		36,952.25	99.33	.013	461.90	1.28
PRINCIPAL SURGEON	60	75		29,540.29	393.87	.003	492.34	1.02
ASSISTANT SURGEON	8	8		1,675.30	209.41	.000	209.41	.06
ANESTHESIOLOGIST	19	289		5,736.66	19.85	.010	301.93	.20
OUTPATIENT SURGERY	259	504		55,444.23	110.01	.017	214.07	1.92
PRINCIPAL SURGEON	249	371		52,855.44	142.47	.013	212.27	1.83
ASSISTANT SURGEON	1	1		101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	13	132		2,487.71	18.85	.005	191.36	.09
DIALYSIS	8	12		2,011.82	167.65	.000	251.48	.07
PATHOLOGY	201	312		7,329.53	23.49	.011	36.47	.25
RADIOLOGY	515	669		19,608.10	29.31	.023	38.07	.68
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	20		175.67	8.78	.001	12.55	.01
OTHER SERVICES/ALL X-OVERS	325	612		17,657.46	28.85	.021	54.33	.61
@PHARMACY	6,908	22,984	\$	1,015,863.38	44.20	.795	147.06	35.14
PRESCRIPTION DRUGS	6,866	16,470		1,003,495.88	60.93	.570	146.15	34.71
SNF/ICF	1	1		12.39	12.39	.000	12.39	.00
OUTPATIENTS	6,865	16,469		1,003,483.49	60.93	.570	146.17	34.71
MEDICAL SUPPLIES	117	6,514		12,367.50	1.90	.225	105.71	.43
@DENTIST	278	1,535	\$	67,161.00	43.75	.053	241.59	2.32
VISITS - DIAGNOSTIC	212	721		12,704.00	17.62	.025	59.92	.44
ORAL SURGERY	69	370		23,715.00	64.09	.013	343.70	.82
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	27	30		2,700.00	90.00	.001	100.00	.09
PERIODONTICS	2	2		110.00	55.00	.000	55.00	.00
ENDODONTICS	20	45		3,432.00	76.27	.002	171.60	.12
RESTORATIVE DENTISTRY	94	311		17,810.00	57.27	.011	189.47	.62
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	12	20		6,070.00	303.50	.001	505.83	.21
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7		350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	7		210.00	30.00	.000	30.00	.01
ALL OTHER SERVICES	13	20		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,346
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
28,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	409	1,030	\$ 24,769.09	\$ 24.05	.036	\$ 60.56	\$ .86	
DIAGNOSTIC AND ANC. PROCED	307	309	14,005.09	45.32	.011	45.62	.48	
EYE APPLIANCES	264	719	10,715.09	14.90	.025	40.59	.37	
OTHER OPTOMETRIC SERVICES	2	2	48.91	24.46	.000	24.46	.00	
@CHIROPRACTOR	239	441	\$ 7,340.08	\$ 16.64	.015	\$ 30.71	\$ .25	
VISITS	238	439	7,323.36	16.68	.015	30.77	.25	
OTHER SERVICES	1	2	16.72	8.36	.000	16.72	.00	
@PODIATRIST	40	80	\$ 3,458.86	\$ 43.24	.003	\$ 86.47	\$ .12	
MEDICINE/INJECTIONS	35	41	1,276.76	31.14	.001	36.48	.04	
SURGERY/ANES.	2	3	685.03	228.34	.000	342.52	.02	
RADIO./PATHOLOGY	12	23	380.60	16.55	.001	31.72	.01	
OTHER	7	13	1,116.47	85.88	.000	159.50	.04	
@HOME HEALTH AGENCY	6	16	\$ 1,060.14	\$ 66.26	.001	\$ 176.69	\$ .04	
NURSE ANESTHESIST	183	963	\$ 18,581.71	\$ 19.30	.033	\$ 101.54	\$ .64	
NURSE MIDWIFE	77	164	\$ 30,881.97	\$ 188.30	.006	\$ 401.06	\$ 1.07	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	3,122	17,759	\$ 1,538,613.29	\$ 86.64	.614	\$ 492.83	\$ 53.22	

HOSP INPATIENT TOTAL	181	685	1,006,486.90	1469.32	.024	5560.70	34.81
HSC HOSPITALS	9	30	44,388.00	1479.60	.001	4932.00	1.54
NON-HSC HOSPITAL TOTAL	170	635	960,418.90	1512.47	.022	5649.52	33.22
ACCOMMODATIONS	170	635	437,048.50	688.27	.022	2570.87	15.12
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	170	633	436,585.90	689.71	.022	2568.15	15.10
ANCILLARIES	170	0	523,370.40	.00	.000	3078.65	18.10
INPATIENT CROSSOVERS	2	20	1,680.00	84.00	.001	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,042	17,074	532,126.39	31.17	.591	174.93	18.41
MEDICAL	1,357	1,866	109,204.88	58.52	.065	80.48	3.78
SURGERY	304	384	21,210.83	55.24	.013	69.77	.73
PATHOLOGY	1,164	4,793	61,237.49	12.78	.166	52.61	2.12
RADIOLOGY	1,147	1,495	93,483.88	62.53	.052	81.50	3.23
ROOM USE	1,815	2,744	103,398.31	37.68	.095	56.97	3.58
CROSSOVERS/ALL OTH OUTPTNT	1,534	5,792	143,591.00	24.79	.200	93.61	4.97
@COUNTY HOSPITAL TOTAL	2	5	195.03	39.01	.000	97.52	.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	195.03	39.01	.000	97.52	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.63	5.63	.000	5.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	119.00	39.67	.000	119.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	70.40	70.40	.000	70.40	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
					-----	MONTHLY AVERAGE	-----
28,911 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,120	17,754	\$ 1,538,418.26	\$ 86.65	.614	\$ 493.08	\$ 53.21
COMM HOSP INPATIENT TOTAL	181	685	1,006,486.90	1469.32	.024	5560.70	34.81
HSC HOSPITALS	9	30	44,388.00	1479.60	.001	4932.00	1.54
NON-HSC HOSPITALS TOTAL	170	635	960,418.90	1512.47	.022	5649.52	33.22
ACCOMMODATIONS	170	635	437,048.50	688.27	.022	2570.87	15.12
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	170	633	436,585.90	689.71	.022	2568.15	15.10
ANCILLARIES	170	0	523,370.40	.00	.000	3078.65	18.10
INPATIENT CROSSOVERS	2	20	1,680.00	84.00	.001	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,040	17,069	531,931.36	31.16	.590	174.98	18.40
MEDICAL	1,357	1,866	109,204.88	58.52	.065	80.48	3.78
SURGERY	304	384	21,210.83	55.24	.013	69.77	.73
PATHOLOGY	1,163	4,792	61,231.86	12.78	.166	52.65	2.12
RADIOLOGY	1,147	1,495	93,483.88	62.53	.052	81.50	3.23
ROOM USE	1,814	2,741	103,279.31	37.68	.095	56.93	3.57
CROSSOVERS/ALL OTH OUTPTNT	1,533	5,791	143,520.60	24.78	.200	93.62	4.96
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	307	\$	17,662.94	\$	57.53	.011	\$ 2207.87	\$ .61
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	8	307		17,662.94		57.53	.011	2207.87	.61
@REHABILITATION FACILITY	13	119	\$	3,114.59	\$	26.17	.004	\$ 239.58	\$ .11
HOSPITAL BASED	13	119		3,114.59		26.17	.004	239.58	.11
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,020	3,024	\$	47,792.19	\$	15.80	.105	\$ 46.86	\$ 1.65
PATHOLOGY	1,020	3,024		47,792.19		15.80	.105	46.86	1.65
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,674	10,011	\$	1,147,160.31	\$	114.59	.346	\$ 171.88	\$ 39.68
CLINIC	35	155		7,088.13		45.73	.005	202.52	.25
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6,644	9,856		1,140,072.18		115.67	.341	171.59	39.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

PAGE 2,348  
01/29/04

	28,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	928	6,781	\$	121,321.36	\$ 17.89	.235	\$ 130.73	\$ 4.20
DURABLE MED. EQUIP.	39	75		10,603.79	141.38	.003	271.89	.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	148	2,964		56,052.21	18.91	.103	378.73	1.94
AMBULANCES/AIR TRANS	147	2,945		36,925.39	12.54	.102	251.19	1.28
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	15	19		19,126.82	1006.67	.001	1275.12	.66
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78		8,085.00	103.65	.003	103.65	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	248	527		4,892.63	9.28	.018	19.73	.17
PHYSICAL THERAPIST	89	767		11,665.42	15.21	.027	131.07	.40
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9		485.43	53.94	.000	69.35	.02
PROSTHETICS	7	9		485.43	53.94	.000	69.35	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	78		3,390.22	43.46	.003	116.90	.12
HOSPICE SERVICES	0	0		246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	281	2,181		21,503.50	9.86	.075	76.52	.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	28	102		4,396.81		43.11	.004	157.03		.15
@CALIF. CHILDREN SERVICES*	49	185	\$	79,906.97	\$	431.93	.006	\$ 1630.75	\$	2.76
@XOVER EXCLUDING STATE HOSP**	46	157	\$	4,682.63	\$	29.83	.005	\$ 101.80	\$	.16

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,349  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

32,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,474	105,275	\$ 5,539,802.80	\$ 52.62	3.239	\$ 358.01	\$ 170.46
@PHYSICIANS SERVICES	2,229	6,580	\$ 228,414.42	\$ 34.71	.202	\$ 102.47	\$ 7.03
OUTPATIENT VISITS	970	1,338	47,481.01	35.49	.041	48.95	1.46
OFFICE VISITS	873	1,148	39,160.78	34.11	.035	44.86	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	61	64	3,547.85	55.44	.002	58.16	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	28	93	3,473.79	37.35	.003	124.06	.11
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	73	190	12,182.09	64.12	.006	166.88	.37
HOSPITAL VISITS	70	157	8,704.24	55.44	.005	124.35	.27
CRITICAL CARE	8	33	3,477.85	105.39	.001	434.73	.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	40	48	1,959.31	40.82	.001	48.98	.06
EXAMINATIONS	40	48	1,959.31	40.82	.001	48.98	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	86	380	38,834.66	102.20	.012	451.57	1.19
PRINCIPAL SURGEON	66	83	31,422.70	378.59	.003	476.10	.97
ASSISTANT SURGEON	8	8	1,675.30	209.41	.000	209.41	.05
ANESTHESIOLOGIST	19	289	5,736.66	19.85	.009	301.93	.18
OUTPATIENT SURGERY	279	553	60,855.21	110.05	.017	218.12	1.87
PRINCIPAL SURGEON	267	395	57,928.35	146.65	.012	216.96	1.78
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	15	157	2,825.78	18.00	.005	188.39	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.06
PATHOLOGY	218	346	8,219.35	23.76	.011	37.70	.25
RADIOLOGY	543	717	20,706.49	28.88	.022	38.13	.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	23	212.47	9.24	.001	13.28	.01
OTHER SERVICES/ALL X-OVERS	665	2,973	35,952.01	12.09	.091	54.06	1.11
@PHARMACY	8,994	43,034	\$ 1,783,723.28	\$ 41.45	1.324	\$ 198.32	\$ 54.89
PRESCRIPTION DRUGS	8,938	24,781	1,760,968.43	71.06	.763	197.02	54.19
SNF/ICF	54	387	23,236.86	60.04	.012	430.31	.72
OUTPATIENTS	8,886	24,394	1,737,731.57	71.24	.751	195.56	53.47
MEDICAL SUPPLIES	203	18,253	22,754.85	1.25	.562	112.09	.70
@DENTIST	356	1,836	\$ 91,903.20	\$ 50.06	.056	\$ 258.16	\$ 2.83
VISITS - DIAGNOSTIC	251	823	14,199.75	17.25	.025	56.57	.44
ORAL SURGERY	83	500	29,980.00	59.96	.015	361.20	.92
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	32	35	3,200.00	91.43	.001	100.00	.10
PERIODONTICS	5	5	628.00	125.60	.000	125.60	.02
ENDODONTICS	20	45	3,432.00	76.27	.001	171.60	.11
RESTORATIVE DENTISTRY	108	332	20,080.00	60.48	.010	185.93	.62
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	32	56	19,763.45	352.92	.002	617.61	.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	7	7	210.00	30.00	.000	30.00	.01
ALL OTHER SERVICES	16	23	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 2,350  
 01/29/04

32,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	484	1,208	\$ 28,605.70	\$ 23.68	.037	\$ 59.10	\$ .88
DIAGNOSTIC AND ANC. PROCED	327	329	14,879.51	45.23	.010	45.50	.46
EYE APPLIANCES	322	873	13,369.48	15.31	.027	41.52	.41
OTHER OPTOMETRIC SERVICES	9	6	356.71	59.45	.000	39.63	.01
@CHIROPRACTOR	255	472	\$ 7,795.04	\$ 16.51	.015	\$ 30.57	\$ .24
VISITS	251	463	7,724.64	16.68	.014	30.78	.24
OTHER SERVICES	4	9	70.40	7.82	.000	17.60	.00
@PODIATRIST	98	173	\$ 4,670.31	\$ 27.00	.005	\$ 47.66	\$ .14

MEDICINE/INJECTIONS	46	52		1,517.36	29.18	.002	32.99	.05
SURGERY/ANES.	2	3		685.03	228.34	.000	342.52	.02
RADIO./PATHOLOGY	13	25		415.20	16.61	.001	31.94	.01
OTHER	53	93		2,052.72	22.07	.003	38.73	.06
@HOME HEALTH AGENCY	9	45	\$	3,098.50	68.86	.001	344.28	\$.10
NURSE ANESTHESIST	188	994	\$	19,107.14	19.22	.031	101.63	\$.59
NURSE MIDWIFE	77	164	\$	30,881.97	188.30	.005	401.06	\$.95
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$.00
@TOTAL HOSPITAL	3,510	19,091	\$	1,686,315.18	88.33	.587	480.43	\$.51.89
HOSP INPATIENT TOTAL	243	895		1,126,421.36	1258.57	.028	4635.48	34.66
HSC HOSPITALS	9	30		44,388.00	1479.60	.001	4932.00	1.37
NON-HSC HOSPITAL TOTAL	177	675		1,037,935.41	1537.68	.021	5864.04	31.94
ACCOMMODATIONS	177	675		471,494.18	698.51	.021	2663.81	14.51
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	177	673		471,031.58	699.90	.021	2661.20	14.49
ANCILLARIES	177	0		566,441.23	.00	.000	3200.23	17.43
INPATIENT CROSSOVERS	57	190		44,097.95	232.09	.006	773.65	1.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,406	18,196		559,893.82	30.77	.560	164.38	17.23
MEDICAL	1,388	1,917		112,848.14	58.87	.059	81.30	3.47
SURGERY	317	400		21,956.20	54.89	.012	69.26	.68
PATHOLOGY	1,208	4,943		62,987.04	12.74	.152	52.14	1.94
RADIOLOGY	1,183	1,552		97,043.77	62.53	.048	82.03	2.99
ROOM USE	1,851	2,801		106,340.16	37.97	.086	57.45	3.27
CROSSOVERS/ALL OTH OUTPTNT	1,833	6,583		158,718.51	24.11	.203	86.59	4.88
@COUNTY HOSPITAL TOTAL	6	11	\$	1,084.29	98.57	.000	180.72	\$.03
CO HOSPITAL INPATIENT TOTAL	1	3		840.00	280.00	.000	840.00	.03
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		840.00	280.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	8		244.29	30.54	.000	48.86	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		5.63	5.63	.000	5.63	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	3		119.00	39.67	.000	119.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4		119.66	29.92	.000	29.92	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,351
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----		
32,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,504	19,080	\$ 1,685,230.89	\$ 88.32	.587	480.94	\$ 51.85	
COMM HOSP INPATIENT TOTAL	242	892	1,125,581.36	1261.86	.027	4651.16	34.63	
HSC HOSPITALS	9	30	44,388.00	1479.60	.001	4932.00	1.37	
NON-HSC HOSPITALS TOTAL	177	675	1,037,935.41	1537.68	.021	5864.04	31.94	
ACCOMMODATIONS	177	675	471,494.18	698.51	.021	2663.81	14.51	
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	177	673	471,031.58	699.90	.021	2661.20	14.49	
ANCILLARIES	177	0	566,441.23	.00	.000	3200.23	17.43	

INPATIENT CROSSOVERS	56	187		43,257.95	231.33	.006	772.46	1.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,401	18,188		559,649.53	30.77	.560	164.55	17.22
MEDICAL	1,388	1,917		112,848.14	58.87	.059	81.30	3.47
SURGERY	317	400		21,956.20	54.89	.012	69.26	.68
PATHOLOGY	1,207	4,942		62,981.41	12.74	.152	52.18	1.94
RADIOLOGY	1,183	1,552		97,043.77	62.53	.048	82.03	2.99
ROOM USE	1,850	2,798		106,221.16	37.96	.086	57.42	3.27
CROSSOVERS/ALL OTH OUTPTNT	1,829	6,579		158,598.85	24.11	.202	86.71	4.88
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	56	1,494	\$	187,617.72	\$ 125.58	.046	\$ 3350.32	\$ 5.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	56	1,494		187,617.72	125.58	.046	3350.32	5.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	375	\$	18,360.78	\$ 48.96	.012	\$ 2040.09	\$ .56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	375		18,360.78	48.96	.012	2040.09	.56
@REHABILITATION FACILITY	15	124	\$	3,241.25	\$ 26.14	.004	\$ 216.08	\$ .10
HOSPITAL BASED	15	124		3,241.25	26.14	.004	216.08	.10
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,074	3,208	\$	50,142.33	\$ 15.63	.099	\$ 46.69	\$ 1.54
PATHOLOGY	1,074	3,208		50,142.33	15.63	.099	46.69	1.54
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,358	11,097	\$	1,217,926.94	\$ 109.75	.341	\$ 165.52	\$ 37.48
CLINIC	37	158		7,135.62	45.16	.005	192.85	.22
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,326	10,939		1,210,791.32	110.69	.337	165.27	37.26

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,352  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	32,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,331	15,380	\$	177,999.04	\$ 11.57	.473	\$ 133.73	\$ 5.48
DURABLE MED. EQUIP.	60	127		35,090.56	276.30	.004	584.84	1.08
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		400.09	400.09	.000	400.09	.01
MEDICAL TRANSPORTATION	184	3,419		59,313.21	17.35	.105	322.35	1.83
AMBULANCES/AIR TRANS	162	3,178		39,109.70	12.31	.098	241.42	1.20
OTHER TRANS	12	73		620.30	8.50	.002	51.69	.02
OTHER SERVICES	24	168		19,583.21	116.57	.005	815.97	.60
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78		8,085.00	103.65	.002	103.65	.25
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7		908.90	129.84	.000	454.45	.03
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	335	732		7,816.67	10.68	.023	23.33	.24
PHYSICAL THERAPIST	95	802		12,242.57	15.27	.025	128.87	.38
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	25		2,346.39	93.86	.001	195.53	.07



PROSTHETICS	12	25	2,346.39	93.86	.001	195.53	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	35	89	4,715.57	52.98	.003	134.73	.15
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	300	3,218	29,133.90	9.05	.099	97.11	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	275	6,882	17,699.83	2.57	.212	64.36	.54
@CALIF. CHILDREN SERVICES*	52	213	\$ 102,893.85	\$ 483.07	.007	\$ 1978.73	\$ 3.17
@XOVER EXCLUDING STATE HOSP**	789	8,740	\$ 107,223.38	\$ 12.27	.269	\$ 135.90	\$ 3.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,353
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED	AID CODE 17 1Y

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	113	575	\$ 40,326.67	\$ 70.13	6.845	\$ 356.87	\$ 480.08
@PHYSICIANS SERVICES	24	156	\$ 2,498.30	\$ 16.01	1.857	\$ 104.10	\$ 29.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	90.69	90.69	.012	90.69	1.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	155	2,407.61	15.53	1.845	100.32	28.66
@PHARMACY	69	239	\$ 30,266.02	\$ 126.64	2.845	\$ 438.64	\$ 360.31
PRESCRIPTION DRUGS	69	239	30,266.02	126.64	2.845	438.64	360.31
SNF/ICF	4	27	1,336.99	49.52	.321	334.25	15.92
OUTPATIENTS	65	212	28,929.03	136.46	2.524	445.06	344.39
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2	\$ .00	\$ .00	.024	\$ .00	\$ .00
VISITS - DIAGNOSTIC	1	2	.00	.00	.024	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,354
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
					----- MONTHLY AVERAGE -----		
84 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.036	\$ 53.11	\$ .63
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.036	53.11	.63
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	3.24	\$ 3.24	.012	\$ 3.24	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.012	3.24	.04
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	13	45 \$	3,960.29	\$ 88.01	.536	\$ 304.64	\$ 47.15
HOSP INPATIENT TOTAL	4	23	3,360.00	146.09	.274	840.00	40.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	23	3,360.00	146.09	.274	840.00	40.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	22	600.29	27.29	.262	60.03	7.15
MEDICAL	1	1	33.78	33.78	.012	33.78	.40
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.94	32.94	.012	32.94	.39
CROSSOVERS/ALL OTH OUTPTNT	10	20	533.57	26.68	.238	53.36	6.35
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

84 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST  
MONTHLY AVERAGE

UNITS/DAYS  
COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	45	\$	3,960.29	\$ 88.01	.536	\$ 304.64	\$ 47.15
COMM HOSP INPATIENT TOTAL	4	23		3,360.00	146.09	.274	840.00	40.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	23		3,360.00	146.09	.274	840.00	40.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	22		600.29	27.29	.262	60.03	7.15
MEDICAL	1	1		33.78	33.78	.012	33.78	.40
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		32.94	32.94	.012	32.94	.39
CROSSOVERS/ALL OTH OUTPTNT	10	20		533.57	26.68	.238	53.36	6.35
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	19	\$	1,849.90	\$ 97.36	.226	\$ 924.95	\$ 22.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	19		1,849.90	97.36	.226	924.95	22.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	33.98	\$ 16.99	.024	\$ 33.98	\$ .40
PATHOLOGY	1	2		33.98	16.99	.024	33.98	.40
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	16	\$	667.91	\$ 41.74	.190	\$ 55.66	\$ 7.95
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	16		667.91	41.74	.190	55.66	7.95

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	92	\$ 993.92	\$ 10.80	1.095	\$ 47.33	\$ 11.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	45	648.95	14.42	.536	324.48	7.73
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	31.58	7.90	.048	31.58	.38

OTHER SERVICES	1	41	617.37	15.06	.488	617.37	7.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	7	78.41	11.20	.083	19.60	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	40	266.56	6.66	.476	17.77	3.17
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	43	252	7,127.84	28.29	3.000	165.76	84.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,357  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND							
	AID CODE 27							

PAGE 2,358  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,359  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
DEL NORTE COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 2,360  
 01/29/04

AID CODE 27



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,361  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100	1,230	\$ 86,727.61	\$ 70.51	15.769	\$ 867.28	\$ 1111.89
@PHYSICIANS SERVICES	30	92	\$ 3,966.67	\$ 43.12	1.179	\$ 132.22	\$ 50.85
OUTPATIENT VISITS	11	13	472.21	36.32	.167	42.93	6.05
OFFICE VISITS	8	10	256.70	25.67	.128	32.09	3.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.026	44.60	1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.013	126.31	1.62
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	251.61	50.32	.064	125.81	3.23
HOSPITAL VISITS	2	5	251.61	50.32	.064	125.81	3.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	5	937.08	187.42	.064	468.54	12.01
PRINCIPAL SURGEON	2	5	937.08	187.42	.064	468.54	12.01

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	13	723.03	55.62	.167	180.76	9.27
PRINCIPAL SURGEON	4	5	572.98	114.60	.064	143.25	7.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	150.05	18.76	.103	150.05	1.92
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	94.04	23.51	.051	23.51	1.21
RADIOLOGY	9	17	408.35	24.02	.218	45.37	5.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	35	1,080.35	30.87	.449	90.03	13.85
@PHARMACY	55	729	\$ 47,772.05	\$ 65.53	9.346	\$ 868.58	\$ 612.46
PRESCRIPTION DRUGS	54	329	47,671.68	144.90	4.218	882.81	611.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	329	47,671.68	144.90	4.218	882.81	611.18
MEDICAL SUPPLIES	1	400	100.37	.25	5.128	100.37	1.29
@DENTIST	2	22	\$ 25.00	\$ 1.14	.282	\$ 12.50	\$ .32
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.026	12.50	.32
ORAL SURGERY	1	19	.00	.00	.244	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.013	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,362
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	9	\$ 271.02	\$ 30.11	.115	\$ 54.20	\$ 3.47
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.026	47.45	1.22
EYE APPLIANCES	3	7	128.67	18.38	.090	42.89	1.65
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.61
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	19	119	\$ 26,670.74	\$ 224.12	1.526	\$ 1403.72	\$ 341.93
HOSP INPATIENT TOTAL	7	21	23,121.93	1101.04	.269	3303.13	296.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	12	20,827.67	1735.64	.154	5206.92	267.02
ACCOMMODATIONS	4	12	8,766.86	730.57	.154	2191.72	112.40

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	8,766.86	730.57	.154	2191.72	112.40
ANCILLARIES	4	0	12,060.81	.00	.000	3015.20	154.63
INPATIENT CROSSOVERS	3	9	2,294.26	254.92	.115	764.75	29.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	98	3,548.81	36.21	1.256	253.49	45.50
MEDICAL	6	17	851.20	50.07	.218	141.87	10.91
SURGERY	2	2	31.34	15.67	.026	15.67	.40
PATHOLOGY	6	28	385.20	13.76	.359	64.20	4.94
RADIOLOGY	5	8	577.32	72.17	.103	115.46	7.40
ROOM USE	6	15	560.20	37.35	.192	93.37	7.18
CROSSOVERS/ALL OTH OUTPTNT	10	28	1,143.55	40.84	.359	114.36	14.66
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						
----- MONTHLY AVERAGE -----							
78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	119	\$ 26,670.74	\$ 224.12	1.526	\$ 1403.72	\$ 341.93
COMM HOSP INPATIENT TOTAL	7	21	23,121.93	1101.04	.269	3303.13	296.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	12	20,827.67	1735.64	.154	5206.92	267.02
ACCOMMODATIONS	4	12	8,766.86	730.57	.154	2191.72	112.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	8,766.86	730.57	.154	2191.72	112.40
ANCILLARIES	4	0	12,060.81	.00	.000	3015.20	154.63
INPATIENT CROSSOVERS	3	9	2,294.26	254.92	.115	764.75	29.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	98	3,548.81	36.21	1.256	253.49	45.50
MEDICAL	6	17	851.20	50.07	.218	141.87	10.91
SURGERY	2	2	31.34	15.67	.026	15.67	.40
PATHOLOGY	6	28	385.20	13.76	.359	64.20	4.94
RADIOLOGY	5	8	577.32	72.17	.103	115.46	7.40
ROOM USE	6	15	560.20	37.35	.192	93.37	7.18
CROSSOVERS/ALL OTH OUTPTNT	10	28	1,143.55	40.84	.359	114.36	14.66
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,365  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	43	213	\$ 45,053.43	\$ 211.52	6.455	\$ 1047.75	\$ 1365.26
@PHYSICIANS SERVICES	16	52	\$ 2,339.19	\$ 44.98	1.576	\$ 146.20	\$ 70.88
OUTPATIENT VISITS	4	4	232.05	58.01	.121	58.01	7.03
OFFICE VISITS	3	3	163.70	54.57	.091	54.57	4.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.030	68.35	2.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	11		433.81	39.44	.333	144.60	13.15
HOSPITAL VISITS	3	11		433.81	39.44	.333	144.60	13.15
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		280.71	280.71	.030	280.71	8.51
PRINCIPAL SURGEON	1	1		280.71	280.71	.030	280.71	8.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	4		285.34	71.34	.121	142.67	8.65
PRINCIPAL SURGEON	2	4		285.34	71.34	.121	142.67	8.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	8	24		844.21	35.18	.727	105.53	25.58
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	8		263.07	32.88	.242	52.61	7.97
@PHARMACY	5	14	\$	4,365.54	\$ 311.82	.424	\$ 873.11	\$ 132.29
PRESCRIPTION DRUGS	5	14		4,365.54	311.82	.424	873.11	132.29
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	14		4,365.54	311.82	.424	873.11	132.29
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	25.00	\$ 25.00	.030	\$ 25.00	\$ .76
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.030	25.00	.76
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 2,366 01/29/04

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	5	\$ 137.75	\$ 27.55	.152	\$ 45.92	\$ 4.17
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.061	47.45	2.88
EYE APPLIANCES	1	3	42.85	14.28	.091	42.85	1.30
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	6	\$	86.12	\$	14.35	.182	\$	86.12	\$	2.61
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15	104	\$	34,431.98	\$	331.08	3.152	\$	2295.47	\$	1043.39
HOSP INPATIENT TOTAL	4	28		31,756.68		1134.17	.848		7939.17		962.32
HSC HOSPITALS	1	2		889.00		444.50	.061		889.00		26.94
NON-HSC HOSPITAL TOTAL	3	26		30,867.68		1187.22	.788		10289.23		935.38
ACCOMMODATIONS	3	26		15,812.28		608.16	.788		5270.76		479.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	26		15,812.28		608.16	.788		5270.76		479.16
ANCILLARIES	3	0		15,055.40		.00	.000		5018.47		456.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	76		2,675.30		35.20	2.303		243.21		81.07
MEDICAL	7	14		871.67		62.26	.424		124.52		26.41
SURGERY	1	2		81.53		40.77	.061		81.53		2.47
PATHOLOGY	2	14		127.73		9.12	.424		63.87		3.87
RADIOLOGY	5	10		981.07		98.11	.303		196.21		29.73
ROOM USE	6	12		373.55		31.13	.364		62.26		11.32
CROSSOVERS/ALL OTH OUTPTNT	6	24		239.75		9.99	.727		39.96		7.27
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,367  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	104	\$	34,431.98	\$ 331.08	3.152	\$ 2295.47	\$ 1043.39
COMM HOSP INPATIENT TOTAL	4	28		31,756.68	1134.17	.848	7939.17	962.32
HSC HOSPITALS	1	2		889.00	444.50	.061	889.00	26.94
NON-HSC HOSPITALS TOTAL	3	26		30,867.68	1187.22	.788	10289.23	935.38
ACCOMMODATIONS	3	26		15,812.28	608.16	.788	5270.76	479.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	26		15,812.28	608.16	.788	5270.76	479.16
ANCILLARIES	3	0		15,055.40	.00	.000	5018.47	456.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	76		2,675.30	35.20	2.303	243.21	81.07
MEDICAL	7	14		871.67	62.26	.424	124.52	26.41

SURGERY	1	2	81.53	40.77	.061	81.53	2.47
PATHOLOGY	2	14	127.73	9.12	.424	63.87	3.87
RADIOLOGY	5	10	981.07	98.11	.303	196.21	29.73
ROOM USE	6	12	373.55	31.13	.364	62.26	11.32
CROSSEOVERS/ALL OTH OUTPTNT	6	24	239.75	9.99	.727	39.96	7.27
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$ 58.50	\$ 14.63	.121	\$ 58.50	\$ 1.77
PATHOLOGY	1	4	58.50	14.63	.121	58.50	1.77
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	27	\$ 3,609.35	\$ 133.68	.818	\$ 257.81	\$ 109.37
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	27	3,609.35	133.68	.818	257.81	109.37

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 2,368 01/29/04

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,369
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	256	2,018	\$ 172,107.71	\$ 85.29	10.349	\$ 672.30	\$ 882.60
@PHYSICIANS SERVICES	70	300	\$ 8,804.16	\$ 29.35	1.538	\$ 125.77	\$ 45.15
OUTPATIENT VISITS	15	17	704.26	41.43	.087	46.95	3.61
OFFICE VISITS	11	13	420.40	32.34	.067	38.22	2.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.015	52.52	.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.005	126.31	.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	16	685.42	42.84	.082	137.08	3.51
HOSPITAL VISITS	5	16	685.42	42.84	.082	137.08	3.51
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	1,217.79	202.97	.031	405.93	6.25
PRINCIPAL SURGEON	3	6	1,217.79	202.97	.031	405.93	6.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	17	1,008.37	59.32	.087	168.06	5.17
PRINCIPAL SURGEON	6	9	858.32	95.37	.046	143.05	4.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	150.05	18.76	.041	150.05	.77
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	94.04	23.51	.021	23.51	.48
RADIOLOGY	18	42	1,343.25	31.98	.215	74.63	6.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	198	3,751.03	18.94	1.015	91.49	19.24
@PHARMACY	129	982	\$ 82,403.61	\$ 83.91	5.036	\$ 638.79	\$ 422.58
PRESCRIPTION DRUGS	128	582	82,303.24	141.41	2.985	642.99	422.07
SNF/ICF	4	27	1,336.99	49.52	.138	334.25	6.86
OUTPATIENTS	124	555	80,966.25	145.89	2.846	652.95	415.21
MEDICAL SUPPLIES	1	400	100.37	.25	2.051	100.37	.51
@DENTIST	4	25	\$ 50.00	\$ 2.00	.128	\$ 12.50	\$ .26
VISITS - DIAGNOSTIC	4	5	50.00	10.00	.026	12.50	.26
ORAL SURGERY	1	19	.00	.00	.097	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.005	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,370
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	17 \$	461.88	\$ 27.17	.087	\$ 51.32	\$ 2.37
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.021	47.45	.97

EYE APPLIANCES	5	13		224.63	17.28	.067	44.93	1.15
OTHER OPTOMETRIC SERVICES	1	0		47.45	.00	.000	47.45	.24
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	3.24	3.24	.005	3.24	.02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		3.24	3.24	.005	3.24	.02
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	6	\$	86.12	14.35	.031	86.12	.44
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	47	268	\$	65,063.01	242.77	1.374	1384.32	333.66
HOSP INPATIENT TOTAL	15	72		58,238.61	808.87	.369	3882.57	298.66
HSC HOSPITALS	1	2		889.00	444.50	.010	889.00	4.56
NON-HSC HOSPITAL TOTAL	7	38		51,695.35	1360.40	.195	7385.05	265.10
ACCOMMODATIONS	7	38		24,579.14	646.82	.195	3511.31	126.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	38		24,579.14	646.82	.195	3511.31	126.05
ANCILLARIES	7	0		27,116.21	.00	.000	3873.74	139.06
INPATIENT CROSSOVERS	7	32		5,654.26	176.70	.164	807.75	29.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	196		6,824.40	34.82	1.005	194.98	35.00
MEDICAL	14	32		1,756.65	54.90	.164	125.48	9.01
SURGERY	3	4		112.87	28.22	.021	37.62	.58
PATHOLOGY	8	42		512.93	12.21	.215	64.12	2.63
RADIOLOGY	10	18		1,558.39	86.58	.092	155.84	7.99
ROOM USE	13	28		966.69	34.52	.144	74.36	4.96
CROSSOVERS/ALL OTH OUTPTNT	26	72		1,916.87	26.62	.369	73.73	9.83
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

PAGE 2,371  
01/29/04

	195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47		268	\$ 65,063.01	\$ 242.77	1.374	\$ 1384.32	\$ 333.66
COMM HOSP INPATIENT TOTAL	15		72	58,238.61	808.87	.369	3882.57	298.66
HSC HOSPITALS	1		2	889.00	444.50	.010	889.00	4.56

NON-HSC HOSPITALS TOTAL	7	38		51,695.35	1360.40	.195	7385.05	265.10
ACCOMMODATIONS	7	38		24,579.14	646.82	.195	3511.31	126.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	38		24,579.14	646.82	.195	3511.31	126.05
ANCILLARIES	7	0		27,116.21	.00	.000	3873.74	139.06
INPATIENT CROSSOVERS	7	32		5,654.26	176.70	.164	807.75	29.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	196		6,824.40	34.82	1.005	194.98	35.00
MEDICAL	14	32		1,756.65	54.90	.164	125.48	9.01
SURGERY	3	4		112.87	28.22	.021	37.62	.58
PATHOLOGY	8	42		512.93	12.21	.215	64.12	2.63
RADIOLOGY	10	18		1,558.39	86.58	.092	155.84	7.99
ROOM USE	13	28		966.69	34.52	.144	74.36	4.96
CROSSOVERS/ALL OTH OUTPTNT	26	72		1,916.87	26.62	.369	73.73	9.83
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	19	\$	1,849.90	97.36	.097	924.95	9.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	19		1,849.90	97.36	.097	924.95	9.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	29	\$	334.36	11.53	.149	66.87	1.71
PATHOLOGY	5	29		334.36	11.53	.149	66.87	1.71
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	52	91	\$	8,405.80	92.37	.467	161.65	43.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	52	91		8,405.80	92.37	.467	161.65	43.11

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,372  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42		280	\$ 4,645.63	\$ 16.59	1.436	\$ 110.61	\$ 23.82
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8		199	3,667.63	18.43	1.021	458.45	18.81
AMBULANCES/AIR TRANS	6		153	1,743.68	11.40	.785	290.61	8.94
OTHER TRANS	1		4	31.58	7.90	.021	31.58	.16
OTHER SERVICES	2		42	1,892.37	45.06	.215	946.19	9.70
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.005	105.00	.54

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	206.69	14.76	.072	29.53	1.06
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	66.05	66.05	.005	66.05	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	65	600.26	9.23	.333	24.01	3.08
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	63	316	\$ 11,066.05	\$ 35.02	1.621	\$ 175.65	\$ 56.75

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,373
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	549	16,560	\$ 1,526,629.81	\$ 92.19	29.519	\$ 2780.75	\$ 2721.27
@PHYSICIANS SERVICES	52	91	\$ 1,653.69	\$ 18.17	.162	\$ 31.80	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	52	91	1,653.69	18.17	.162	31.80	2.95
@PHARMACY	506	2,738	\$ 138,443.17	\$ 50.56	4.881	\$ 273.60	\$ 246.78
PRESCRIPTION DRUGS	505	2,735	138,310.78	50.57	4.875	273.88	246.54

SNF/ICF	479	2,643		128,898.99		48.77	4.711	269.10	229.77
OUTPATIENTS	30	92		9,411.79		102.30	.164	313.73	16.78
MEDICAL SUPPLIES	2	3		132.39		44.13	.005	66.20	.24
@DENTIST	4	21	\$	1,652.00	\$	78.67	.037	413.00	2.94
VISITS - DIAGNOSTIC	2	9		78.00		8.67	.016	39.00	.14
ORAL SURGERY	1	9		624.00		69.33	.016	624.00	1.11
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		950.00		316.67	.005	475.00	1.69
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,374  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED      AID CODE 13

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 239.37	\$ 18.41	.023	\$ 47.87	\$ .43
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	4	12	191.92	15.99	.021	47.98	.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 24.34	\$ 12.17	.004	\$ 12.17	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	24.34	12.17	.004	12.17	.04
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	1	\$ 14.48	\$ 14.48	.002	\$ 14.48	\$ .03
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	33	116	\$ 4,797.27	\$ 41.36	.207	\$ 145.37	\$ 8.55
HOSP INPATIENT TOTAL	5	29	3,520.62	121.40	.052	704.12	6.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	29	3,520.62	121.40	.052	704.12	6.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	87	1,276.65	14.67	.155	38.69	2.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	33	87	1,276.65	14.67	.155	38.69	2.28
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	33	116	\$ 4,797.27	\$ 41.36	.207		\$ 145.37	\$ 8.55
COMM HOSP INPATIENT TOTAL	5	29	3,520.62	121.40	.052		704.12	6.28
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	5	29	3,520.62	121.40	.052		704.12	6.28
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	33	87	1,276.65	14.67	.155		38.69	2.28
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	33	87	1,276.65	14.67	.155		38.69	2.28
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	444	13,169	\$ 1,363,199.40	\$ 103.52	23.474		\$ 3070.27	\$ 2429.95
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	444	13,169	1,363,199.40	103.52	23.474		3070.27	2429.95
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	38	\$ 1,568.05	\$ 41.26	.068		\$ 120.62	\$ 2.80
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	13	38	1,568.05	41.26	.068		120.62	2.80

561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	67	371	\$ 15,038.04	\$ 40.53	.661		\$ 224.45	\$ 26.81



DURABLE MED. EQUIP.	20	109	13,347.71	122.46	.194	667.39	23.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38	169	1,338.25	7.92	.301	35.22	2.39
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	37	166	1,324.20	7.98	.296	35.79	2.36
OTHER SERVICES	1	3	14.05	4.68	.005	14.05	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	76.43	12.74	.011	25.48	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	6.34	3.17	.004	6.34	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	85	269.31	3.17	.152	22.44	.48
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	142	268	38,750.06	144.59	.478	272.89	69.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,377  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,378  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,379  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,380  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,381
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13	396	\$ 37,912.98	\$ 95.74	30.462	\$ 2916.38	\$ 2916.38
@PHYSICIANS SERVICES	2	2	\$ 34.65	\$ 17.33	.154	\$ 17.33	\$ 2.67
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		.000		.00		.00
EXAMINATIONS	0	0		.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.00		.000		.00		.00
RADIOLOGY	0	0		.00		.00		.000		.00		.00
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		34.65		17.33		.154		17.33		2.67
@PHARMACY	13	30	\$	862.67	\$	28.76		2.308	\$	66.36	\$	66.36
PRESCRIPTION DRUGS	13	30		862.67		28.76		2.308		66.36		66.36
SNF/ICF	13	30		862.67		28.76		2.308		66.36		66.36
OUTPATIENTS	0	0		.00		.00		.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00		.00
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											
MOP024	FEE-FOR-SERVICE/DENTAL											
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63											

PAGE 2,382  
01/29/04

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	2	\$	14.30	\$	7.15	.154	\$	7.15	\$	1.10
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	2		14.30		7.15	.154		7.15		1.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		14.30		7.15	.154		7.15		1.10
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,383
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63										

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 14.30	\$ 7.15	.154	\$ 7.15	\$ 1.10
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	14.30	7.15	.154	7.15	1.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	2	2		14.30		7.15	.154	7.15	1.10
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	13	358	\$	36,969.78	\$	103.27	27.538	\$ 2843.83	\$ 2843.83
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	13	358		36,969.78		103.27	27.538	2843.83	2843.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 2,384  
01/29/04

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	4	\$ 31.58	\$ 7.90	.308	\$ 31.58	\$ 2.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	31.58	7.90	.308	31.58	2.43
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	31.58	7.90	.308	31.58	2.43
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00



RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	4	4	\$	117.92	\$	29.48	.308	\$	29.48
								\$	9.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,385
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,386
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
DEL NORTE COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 2,388  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,389
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	562	16,956	\$ 1,564,542.79	\$ 92.27	29.540	\$ 2783.88	\$ 2725.68
@PHYSICIANS SERVICES	54	93	\$ 1,688.34	\$ 18.15	.162	\$ 31.27	\$ 2.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	54	93	1,688.34	18.15	.162	31.27	2.94
@PHARMACY	519	2,768	\$ 139,305.84	\$ 50.33	4.822	\$ 268.41	\$ 242.69
PRESCRIPTION DRUGS	518	2,765	139,173.45	50.33	4.817	268.67	242.46
SNF/ICF	492	2,673	129,761.66	48.55	4.657	263.74	226.07
OUTPATIENTS	30	92	9,411.79	102.30	.160	313.73	16.40
MEDICAL SUPPLIES	2	3	132.39	44.13	.005	66.20	.23
@DENTIST	4	21	\$ 1,652.00	\$ 78.67	.037	\$ 413.00	\$ 2.88

VISITS - DIAGNOSTIC	2	9	78.00	8.67	.016	39.00	.14
ORAL SURGERY	1	9	624.00	69.33	.016	624.00	1.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.005	475.00	1.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,390  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$ 239.37	\$ 18.41	.023	\$ 47.87	\$ .42
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08
EYE APPLIANCES	4	12	191.92	15.99	.021	47.98	.33
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 24.34	\$ 12.17	.003	\$ 12.17	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	24.34	12.17	.003	12.17	.04
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	1	\$ 14.48	\$ 14.48	.002	\$ 14.48	\$ .03
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	35	118	\$ 4,811.57	\$ 40.78	.206	\$ 137.47	\$ 8.38
HOSP INPATIENT TOTAL	5	29	3,520.62	121.40	.051	704.12	6.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	29	3,520.62	121.40	.051	704.12	6.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	89	1,290.95	14.51	.155	36.88	2.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	89	1,290.95	14.51	.155	36.88	2.25
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	118	\$ 4,811.57	\$ 40.78	.206	\$ 137.47	\$ 8.38
COMM HOSP INPATIENT TOTAL	5	29	3,520.62	121.40	.051	704.12	6.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	29	3,520.62	121.40	.051	704.12	6.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	89	1,290.95	14.51	.155	36.88	2.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	89	1,290.95	14.51	.155	36.88	2.25
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	457	13,527	\$ 1,400,169.18	\$ 103.51	23.566	\$ 3063.83	\$ 2439.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	457	13,527	1,400,169.18	103.51	23.566	3063.83	2439.32
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	38	\$ 1,568.05	\$ 41.26	.066	\$ 120.62	\$ 2.73
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	38	1,568.05	41.26	.066	120.62	2.73

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,392  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	68	375	\$ 15,069.62	\$ 40.19	.653	\$ 221.61	\$ 26.25
DURABLE MED. EQUIP.	20	109	13,347.71	122.46	.190	667.39	23.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	173	1,369.83	7.92	.301	35.12	2.39



AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	38	170	1,355.78	7.98	.296	35.68	2.36
OTHER SERVICES	1	3	14.05	4.68	.005	14.05	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	76.43	12.74	.010	25.48	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	6.34	3.17	.003	6.34	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	85	269.31	3.17	.148	22.44	.47
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	146	272	\$ 38,867.98	\$ 142.90	.474	\$ 266.22	\$ 67.71

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,393
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED	

2,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,956	33,650	\$ 2,173,647.58	\$ 64.60	14.240	\$ 1111.27	\$ 919.87
@PHYSICIANS SERVICES	295	1,221	\$ 18,114.77	\$ 14.84	.517	\$ 61.41	\$ 7.67
OUTPATIENT VISITS	12	16	635.00	39.69	.007	52.92	.27
OFFICE VISITS	11	15	590.40	39.36	.006	53.67	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.000	44.60	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	604.71	75.59	.003	201.57	.26
HOSPITAL VISITS	3	5	239.91	47.98	.002	79.97	.10
CRITICAL CARE	1	3	364.80	121.60	.001	364.80	.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.000	82.65	.03
PRINCIPAL SURGEON	1	1	82.65	82.65	.000	82.65	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.000	295.23	.12
PRINCIPAL SURGEON	1	1	295.23	295.23	.000	295.23	.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.02

RADIOLOGY	5	6	133.54	22.26	.003	26.71	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	283	1,188	16,315.44	13.73	.503	57.65	6.90
@PHARMACY	1,626	12,211	\$ 512,320.86	\$ 41.96	5.168	\$ 315.08	\$ 216.81
PRESCRIPTION DRUGS	1,618	7,080	506,025.85	71.47	2.996	312.75	214.15
SNF/ICF	513	2,873	142,906.67	49.74	1.216	278.57	60.48
OUTPATIENTS	1,110	4,207	363,119.18	86.31	1.780	327.13	153.67
MEDICAL SUPPLIES	42	5,131	6,295.01	1.23	2.171	149.88	2.66
@DENTIST	34	107	\$ 13,249.00	\$ 123.82	.045	\$ 389.68	\$ 5.61
VISITS - DIAGNOSTIC	16	43	534.00	12.42	.018	33.38	.23
ORAL SURGERY	4	34	1,730.00	50.88	.014	432.50	.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	6	635.00	105.83	.003	211.67	.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	24	10,350.00	431.25	.010	796.15	4.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,394
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

2,363 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	30	68	\$	1,408.66	\$ 20.72	.029	\$ 46.96	\$ .60
DIAGNOSTIC AND ANC. PROCED	6	5		237.25	47.45	.002	39.54	.10
EYE APPLIANCES	23	61		1,041.91	17.08	.026	45.30	.44
OTHER OPTOMETRIC SERVICES	3	2		129.50	64.75	.001	43.17	.05
@CHIROPRACTOR	4	5	\$	83.60	\$ 16.72	.002	\$ 20.90	\$ .04
VISITS	2	3		50.16	16.72	.001	25.08	.02
OTHER SERVICES	2	2		33.44	16.72	.001	16.72	.01
@PODIATRIST	31	46	\$	468.82	\$ 10.19	.019	\$ 15.12	\$ .20
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	31	46		468.82	10.19	.019	15.12	.20
@HOME HEALTH AGENCY	2	14	\$	1,003.31	\$ 71.67	.006	\$ 501.66	\$ .42
NURSE ANESTHESIST	1	1	\$	14.48	\$ 14.48	.000	\$ 14.48	\$ .01
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	255	881	\$	89,708.62	\$ 101.83	.373	\$ 351.80	\$ 37.96
HOSP INPATIENT TOTAL	53	211		76,707.49	363.54	.089	1447.31	32.46
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	10		36,382.35	3638.24	.004	18191.18	15.40
ACCOMMODATIONS	2	10		10,381.80	1038.18	.004	5190.90	4.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		10,381.80	1038.18	.004	5190.90	4.39
ANCILLARIES	2	0		26,000.55	.00	.000	13000.28	11.00
INPATIENT CROSSOVERS	51	201		40,325.14	200.62	.085	790.69	17.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	236	670		13,001.13	19.40	.284	55.09	5.50
MEDICAL	4	6		944.06	157.34	.003	236.02	.40

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4		66.86	16.72	.002	22.29	.03
RADIOLOGY	7	7		183.03	26.15	.003	26.15	.08
ROOM USE	4	6		324.01	54.00	.003	81.00	.14
CROSSOVERS/ALL OTH OUTPTNT	229	647		11,483.17	17.75	.274	50.14	4.86
@COUNTY HOSPITAL TOTAL	4	6	\$	889.26	\$ 148.21	.003	\$ 222.32	\$ .38
CO HOSPITAL INPATIENT TOTAL	1	3		840.00	280.00	.001	840.00	.36
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		840.00	280.00	.001	840.00	.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	3	3	49.26	16.42	.001	16.42	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	49.26	16.42	.001	16.42	.02

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,395  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

	2,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	251	875	\$	88,819.36	\$ 101.51	.370	\$ 353.86	\$ 37.59
COMM HOSP INPATIENT TOTAL	52	208		75,867.49	364.75	.088	1458.99	32.11
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10		36,382.35	3638.24	.004	18191.18	15.40
ACCOMMODATIONS	2	10		10,381.80	1038.18	.004	5190.90	4.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		10,381.80	1038.18	.004	5190.90	4.39
ANCILLARIES	2	0		26,000.55	.00	.000	13000.28	11.00
INPATIENT CROSSOVERS	50	198		39,485.14	199.42	.084	789.70	16.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	233	667		12,951.87	19.42	.282	55.59	5.48
MEDICAL	4	6		944.06	157.34	.003	236.02	.40
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4		66.86	16.72	.002	22.29	.03
RADIOLOGY	7	7		183.03	26.15	.003	26.15	.08
ROOM USE	4	6		324.01	54.00	.003	81.00	.14
CROSSOVERS/ALL OTH OUTPTNT	226	644		11,433.91	17.75	.273	50.59	4.84
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	481	14,119	\$	1,482,644.50	\$ 105.01	5.975	\$ 3082.42	\$ 627.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	481	14,119		1,482,644.50	105.01	5.975	3082.42	627.44
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	32	\$	369.87	\$ 11.56	.014	\$ 30.82	\$ .16
PATHOLOGY	12	32		369.87	11.56	.014	30.82	.16
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	272	453	\$	23,468.09	\$ 51.81	.192	\$ 86.28	\$ 9.93
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	272	453		23,468.09	51.81	.192	86.28	9.93

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,396

2,363 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	301	4,492	\$ 30,793.00	\$ 6.86	1.901	\$ 102.30	\$ 13.03
DURABLE MED. EQUIP.	31	130	15,625.42	120.20	.055	504.05	6.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	400.09	400.09	.000	400.09	.17
MEDICAL TRANSPORTATION	51	372	2,557.00	6.87	.157	50.14	1.08
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	42	186	1,482.10	7.97	.079	35.29	.63
OTHER SERVICES	9	186	1,074.90	5.78	.079	119.43	.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	99	1,457.80	14.73	.042	34.71	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	77.28	38.64	.001	77.28	.03
PROSTHETICS	1	2	77.28	38.64	.001	77.28	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7	1,057.67	151.10	.003	211.53	.45
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	192	3,881	9,617.74	2.48	1.642	50.09	4.07
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	655	3,779	\$ 118,952.02	\$ 31.48	1.599	\$ 181.61	\$ 50.34

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024 FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 2,397  
01/29/04

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	398	\$ 34,807.99	\$ 87.46	17.304	\$ 1740.40	\$ 1513.39
@PHYSICIANS SERVICES	5	9	\$ 118.80	\$ 13.20	.391	\$ 23.76	\$ 5.17
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9		118.80	13.20	.391	23.76	5.17
@PHARMACY	17	111	\$	5,419.49	\$ 48.82	4.826	\$ 318.79	\$ 235.63
PRESCRIPTION DRUGS	17	111		5,419.49	48.82	4.826	318.79	235.63
SNF/ICF	11	86		4,265.43	49.60	3.739	387.77	185.45
OUTPATIENTS	7	25		1,154.06	46.16	1.087	164.87	50.18
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	6	\$	54.75	\$ 9.13	.261	\$ 54.75	\$ 2.38
VISITS - DIAGNOSTIC	1	6		54.75	9.13	.261	54.75	2.38
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

PAGE 2,398  
01/29/04

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 37.23	\$ 18.62	.087	\$ 18.62	\$ 1.62
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	37.23	18.62	.087	18.62	1.62
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	5	\$ 92.02	\$ 18.40	.217	\$ 30.67	\$ 4.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	92.02	18.40	.217	30.67	4.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	92.02	18.40	.217	30.67	4.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

PAGE 2,399  
01/29/04

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		5 \$	92.02	\$ 18.40	.217	\$ 30.67	\$ 4.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3		5	92.02	18.40	.217	30.67	4.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3		5	92.02	18.40	.217	30.67	4.00
@STATE HOSPITAL	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00

@NURSING FACILITY	9	251	\$	28,947.62	\$	115.33	10.913	\$	3216.40	\$	1258.59
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	251		28,947.62		115.33	10.913		3216.40		1258.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

PAGE 2,400 01/29/04

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	14	\$ 138.08	\$ 9.86	.609	\$ 34.52	\$ 6.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.522	47.37	4.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.522	47.37	4.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	43.34	21.67	.087	21.67	1.88
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	17	\$ 312.30	\$ 18.37	.739	\$ 34.70	\$ 13.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 2,401 01/29/04

1,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,382	20,849	\$ 783,780.05	\$ 37.59	10.758	\$ 567.13	\$ 404.43
@PHYSICIANS SERVICES	247	1,766	\$ 23,950.82	\$ 13.56	.911	\$ 96.97	\$ 12.36
OUTPATIENT VISITS	70	105	3,879.55	36.95	.054	55.42	2.00
OFFICE VISITS	59	78	2,687.65	34.46	.040	45.55	1.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	310.86	51.81	.003	51.81	.16

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	6	21	881.04	41.95	.011	146.84	.45
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	32	1,661.11	51.91	.017	237.30	.86
HOSPITAL VISITS	7	28	1,300.11	46.43	.014	185.73	.67
CRITICAL CARE	2	4	361.00	90.25	.002	180.50	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	361.58	40.18	.005	45.20	.19
EXAMINATIONS	8	9	361.58	40.18	.005	45.20	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	12	2,736.84	228.07	.006	390.98	1.41
PRINCIPAL SURGEON	7	12	2,736.84	228.07	.006	390.98	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	23	61	5,838.78	95.72	.031	253.86	3.01
PRINCIPAL SURGEON	21	28	5,350.66	191.10	.014	254.79	2.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	33	488.12	14.79	.017	162.71	.25
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	20	37	935.66	25.29	.019	46.78	.48
RADIOLOGY	33	60	1,463.89	24.40	.031	44.36	.76
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	36.80	12.27	.002	18.40	.02
OTHER SERVICES/ALL X-OVERS	142	1,447	7,036.61	4.86	.747	49.55	3.63
@PHARMACY	1,086	11,464	\$ 467,463.46	\$ 40.78	5.915	\$ 430.45	\$ 241.21
PRESCRIPTION DRUGS	1,078	4,453	463,138.36	104.01	2.298	429.63	238.98
SNF/ICF	25	127	7,151.02	56.31	.066	286.04	3.69
OUTPATIENTS	1,053	4,326	455,987.34	105.41	2.232	433.04	235.29
MEDICAL SUPPLIES	47	7,011	4,325.10	.62	3.618	92.02	2.23
@DENTIST	50	233	\$ 13,115.45	\$ 56.29	.120	\$ 262.31	\$ 6.77
VISITS - DIAGNOSTIC	27	66	1,010.00	15.30	.034	37.41	.52
ORAL SURGERY	12	124	5,159.00	41.60	.064	429.92	2.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	6	6	500.00	83.33	.003	83.33	.26
PERIODONTICS	3	3	518.00	172.67	.002	172.67	.27
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	11	15	1,635.00	109.00	.008	148.64	.84
PROSTHETICS	1	1	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	9	15	4,293.45	286.23	.008	477.05	2.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,402  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED

	1,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	56	135	\$	2,991.45	\$ 22.16	.070	\$ 53.42	\$ 1.54
DIAGNOSTIC AND ANC. PROCED	17	18		779.52	43.31	.009	45.85	.40
EYE APPLIANCES	43	115		1,986.18	17.27	.059	46.19	1.02
OTHER OPTOMETRIC SERVICES	5	2		225.75	112.88	.001	45.15	.12
@CHIROPRACTOR	12	26	\$	371.36	\$ 14.28	.013	\$ 30.95	\$ .19
VISITS	11	21		351.12	16.72	.011	31.92	.18
OTHER SERVICES	1	5		20.24	4.05	.003	20.24	.01
@PODIATRIST	28	48	\$	732.98	\$ 15.27	.025	\$ 26.18	\$ .38
MEDICINE/INJECTIONS	11	11		240.60	21.87	.006	21.87	.12
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	1	2		34.60		17.30	.001	34.60	.02
OTHER	16	35		457.78		13.08	.018	28.61	.24
@HOME HEALTH AGENCY	1	15	\$	1,035.05	\$	69.00	.008	1035.05	.53
NURSE ANESTHESIST	5	31	\$	525.43	\$	16.95	.016	105.09	.27
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	197	728	\$	93,343.85	\$	128.22	.376	473.83	48.17
HOSP INPATIENT TOTAL	25	72		73,229.52		1017.08	.037	2929.18	37.79
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	42		61,961.83		1475.28	.022	6884.65	31.97
ACCOMMODATIONS	9	42		32,830.74		781.68	.022	3647.86	16.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	9	42		32,830.74		781.68	.022	3647.86	16.94
ANCILLARIES	9	0		29,131.09		.00	.000	3236.79	15.03
INPATIENT CROSSOVERS	16	30		11,267.69		375.59	.015	704.23	5.81
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	184	656		20,114.33		30.66	.338	109.32	10.38
MEDICAL	34	63		3,584.18		56.89	.033	105.42	1.85
SURGERY	15	18		776.71		43.15	.009	51.78	.40
PATHOLOGY	47	174		2,067.89		11.88	.090	44.00	1.07
RADIOLOGY	34	58		3,954.18		68.18	.030	116.30	2.04
ROOM USE	39	67		3,210.98		47.93	.035	82.33	1.66
CROSSOVERS/ALL OTH OUTPTNT	122	276		6,520.39		23.62	.142	53.45	3.36
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,403  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED

	1,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	728	\$	93,343.85	\$ 128.22	.376	\$ 473.83	\$ 48.17
COMM HOSP INPATIENT TOTAL	25	72		73,229.52	1017.08	.037	2929.18	37.79
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	42		61,961.83	1475.28	.022	6884.65	31.97
ACCOMMODATIONS	9	42		32,830.74	781.68	.022	3647.86	16.94
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42		32,830.74	781.68	.022	3647.86	16.94
ANCILLARIES	9	0		29,131.09	.00	.000	3236.79	15.03
INPATIENT CROSSOVERS	16	30		11,267.69	375.59	.015	704.23	5.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	184	656		20,114.33		30.66	.338	109.32	10.38
MEDICAL	34	63		3,584.18		56.89	.033	105.42	1.85
SURGERY	15	18		776.71		43.15	.009	51.78	.40
PATHOLOGY	47	174		2,067.89		11.88	.090	44.00	1.07
RADIOLOGY	34	58		3,954.18		68.18	.030	116.30	2.04
ROOM USE	39	67		3,210.98		47.93	.035	82.33	1.66
CROSSOVERS/ALL OTH OUTPTNT	122	276		6,520.39		23.62	.142	53.45	3.36
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	25	670	\$	78,044.68	\$	116.48	.346	3121.79	40.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	25	670		78,044.68		116.48	.346	3121.79	40.27
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	68	\$	697.84	\$	10.26	.035	697.84	.36
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	68		697.84		10.26	.035	697.84	.36
@REHABILITATION FACILITY	2	5	\$	126.66	\$	25.33	.003	63.33	.07
HOSPITAL BASED	2	5		126.66		25.33	.003	63.33	.07
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	46	177	\$	2,256.13	\$	12.75	.091	49.05	1.16
PATHOLOGY	46	177		2,256.13		12.75	.091	49.05	1.16
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	463	735	\$	53,663.04	\$	73.01	.379	115.90	27.69
CLINIC	2	3		47.49		15.83	.002	23.75	.02
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	461	732		53,615.55		73.25	.378	116.30	27.67
#CALIF DEPT OF HEALTH SERV									
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 2,404  
01/29/04

	1,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	208		4,748	\$ 45,461.85	\$ 9.57	2.450	\$ 218.57	\$ 23.46
DURABLE MED. EQUIP.	10		31	22,209.06	716.42	.016	2220.91	11.46
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30		443	5,646.72	12.75	.229	188.22	2.91
AMBULANCES/AIR TRANS	21		386	3,927.99	10.18	.199	187.05	2.03
OTHER TRANS	7		49	430.82	8.79	.025	61.55	.22
OTHER SERVICES	3		8	1,287.91	160.99	.004	429.30	.66
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.001	105.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	2		7	908.90	129.84	.004	454.45	.47
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	55		126	1,749.36	13.88	.065	31.81	.90
PHYSICAL THERAPIST	6		35	577.15	16.49	.018	96.19	.30
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4		14	1,783.68	127.41	.007	445.92	.92
PROSTHETICS	4		14	1,783.68	127.41	.007	445.92	.92
ORTHOTICS	0		0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7		340.07	48.58	.004	113.36	.18
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,037		7,630.40	7.36	.535	401.60	3.94
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	90	3,047		4,511.51	1.48	1.572	50.13	2.33
@CALIF. CHILDREN SERVICES*	3	28	\$	22,986.88	\$ 820.96	.014	\$ 7662.29	\$ 11.86
@XOVER EXCLUDING STATE HOSP**	288	5,375	\$	33,210.46	\$ 6.18	2.773	\$ 115.31	\$ 17.14

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,405  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

28,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	12,934	69,352	\$ 4,284,217.68	\$ 61.77	2.396	\$ 331.24	\$ 148.02
@PHYSICIANS SERVICES	1,806	3,977	\$ 196,722.53	\$ 49.47	.137	\$ 108.93	\$ 6.80
OUTPATIENT VISITS	903	1,234	43,670.72	35.39	.043	48.36	1.51
OFFICE VISITS	814	1,068	36,303.13	33.99	.037	44.60	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	60	3,349.94	55.83	.002	58.77	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	23	73	2,719.06	37.25	.003	118.22	.09
OTHER OUTPATIENT	30	33	1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	68	166	10,601.69	63.87	.006	155.91	.37
HOSPITAL VISITS	65	140	7,849.64	56.07	.005	120.76	.27
CRITICAL CARE	5	26	2,752.05	105.85	.001	550.41	.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	39	1,597.73	40.97	.001	49.93	.06
EXAMINATIONS	32	39	1,597.73	40.97	.001	49.93	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	81	373	37,232.96	99.82	.013	459.67	1.29
PRINCIPAL SURGEON	61	76	29,821.00	392.38	.003	488.87	1.03
ASSISTANT SURGEON	8	8	1,675.30	209.41	.000	209.41	.06
ANESTHESIOLOGIST	19	289	5,736.66	19.85	.010	301.93	.20
OUTPATIENT SURGERY	261	508	55,729.57	109.70	.018	213.52	1.93
PRINCIPAL SURGEON	251	375	53,140.78	141.71	.013	211.72	1.84
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	13	132	2,487.71	18.85	.005	191.36	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.07
PATHOLOGY	201	312	7,329.53	23.49	.011	36.47	.25
RADIOLOGY	523	693	20,452.31	29.51	.024	39.11	.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	20	175.67	8.78	.001	12.55	.01
OTHER SERVICES/ALL X-OVERS	330	620	17,920.53	28.90	.021	54.30	.62
@PHARMACY	6,913	22,998	\$ 1,020,228.92	\$ 44.36	.795	\$ 147.58	\$ 35.25
PRESCRIPTION DRUGS	6,871	16,484	1,007,861.42	61.14	.570	146.68	34.82
SNF/ICF	1	1	12.39	12.39	.000	12.39	.00
OUTPATIENTS	6,870	16,483	1,007,849.03	61.14	.569	146.70	34.82
MEDICAL SUPPLIES	117	6,514	12,367.50	1.90	.225	105.71	.43
@DENTIST	279	1,536	\$ 67,186.00	\$ 43.74	.053	\$ 240.81	\$ 2.32
VISITS - DIAGNOSTIC	213	722	12,729.00	17.63	.025	59.76	.44
ORAL SURGERY	69	370	23,715.00	64.09	.013	343.70	.82
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	27	30	2,700.00	90.00	.001	100.00	.09
PERIODONTICS	2	2	110.00	55.00	.000	55.00	.00
ENDODONTICS	20	45	3,432.00	76.27	.002	171.60	.12
RESTORATIVE DENTISTRY	94	311	17,810.00	57.27	.011	189.47	.62
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	12	20	6,070.00	303.50	.001	505.83	.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	7	210.00	30.00	.000	30.00	.01
ALL OTHER SERVICES	13	20	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 2,406  
01/29/04

28,944 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAY

----- MONTHLY AVERAGE -----  
UNITS/DAYS COST PER  
PER ELIG USER

COST PER  
ELIGIBLE

@OPTOMETRIST	412	1,035	\$	24,906.84	\$	24.06	.036	\$	60.45	\$	.86
DIAGNOSTIC AND ANC. PROCED	309	311		14,099.99		45.34	.011		45.63		.49
EYE APPLIANCES	265	722		10,757.94		14.90	.025		40.60		.37
OTHER OPTOMETRIC SERVICES	2	2		48.91		24.46	.000		24.46		.00
@CHIROPRACTOR	239	441	\$	7,340.08	\$	16.64	.015	\$	30.71	\$	.25
VISITS	238	439		7,323.36		16.68	.015		30.77		.25
OTHER SERVICES	1	2		16.72		8.36	.000		16.72		.00
@PODIATRIST	40	80	\$	3,458.86	\$	43.24	.003	\$	86.47	\$	.12
MEDICINE/INJECTIONS	35	41		1,276.76		31.14	.001		36.48		.04
SURGERY/ANES.	2	3		685.03		228.34	.000		342.52		.02
RADIO./PATHOLOGY	12	23		380.60		16.55	.001		31.72		.01
OTHER	7	13		1,116.47		85.88	.000		159.50		.04
@HOME HEALTH AGENCY	6	16	\$	1,060.14	\$	66.26	.001	\$	176.69	\$	.04
NURSE ANESTHESIST	184	969	\$	18,667.83	\$	19.27	.033	\$	101.46	\$	.64
NURSE MIDWIFE	77	164	\$	30,881.97	\$	188.30	.006	\$	401.06	\$	1.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3,137	17,863	\$	1,573,045.27	\$	88.06	.617	\$	501.45	\$	54.35
HOSP INPATIENT TOTAL	185	713		1,038,243.58		1456.16	.025		5612.13		35.87
HSC HOSPITALS	10	32		45,277.00		1414.91	.001		4527.70		1.56
NON-HSC HOSPITAL TOTAL	173	661		991,286.58		1499.68	.023		5729.98		34.25
ACCOMMODATIONS	173	661		452,860.78		685.11	.023		2617.69		15.65
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	659		452,398.18		686.49	.023		2615.02		15.63
ANCILLARIES	173	0		538,425.80		.00	.000		3112.29		18.60
INPATIENT CROSSOVERS	2	20		1,680.00		84.00	.001		840.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,053	17,150		534,801.69		31.18	.593		175.17		18.48
MEDICAL	1,364	1,880		110,076.55		58.55	.065		80.70		3.80
SURGERY	305	386		21,292.36		55.16	.013		69.81		.74
PATHOLOGY	1,166	4,807		61,365.22		12.77	.166		52.63		2.12
RADIOLOGY	1,152	1,505		94,464.95		62.77	.052		82.00		3.26
ROOM USE	1,821	2,756		103,771.86		37.65	.095		56.99		3.59
CROSSOVERS/ALL OTH OUTPTNT	1,540	5,816		143,830.75		24.73	.201		93.40		4.97
@COUNTY HOSPITAL TOTAL	2	5	\$	195.03	\$	39.01	.000	\$	97.52	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5		195.03		39.01	.000		97.52		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.63		5.63	.000		5.63		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	3		119.00		39.67	.000		119.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		70.40		70.40	.000		70.40		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,407  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - FAMILIES

						----- MONTHLY AVERAGE -----			
	28,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL		3,135	17,858	\$ 1,572,850.24	\$ 88.08	.617	\$ 501.71	\$ 54.34	

COMM HOSP INPATIENT TOTAL	185	713	1,038,243.58	1456.16	.025	5612.13	35.87
HSC HOSPITALS	10	32	45,277.00	1414.91	.001	4527.70	1.56
NON-HSC HOSPITALS TOTAL	173	661	991,286.58	1499.68	.023	5729.98	34.25
ACCOMMODATIONS	173	661	452,860.78	685.11	.023	2617.69	15.65
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	659	452,398.18	686.49	.023	2615.02	15.63
ANCILLARIES	173	0	538,425.80	.00	.000	3112.29	18.60
INPATIENT CROSSOVERS	2	20	1,680.00	84.00	.001	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,051	17,145	534,606.66	31.18	.592	175.22	18.47
MEDICAL	1,364	1,880	110,076.55	58.55	.065	80.70	3.80
SURGERY	305	386	21,292.36	55.16	.013	69.81	.74
PATHOLOGY	1,165	4,806	61,359.59	12.77	.166	52.67	2.12
RADIOLOGY	1,152	1,505	94,464.95	62.77	.052	82.00	3.26
ROOM USE	1,820	2,753	103,652.86	37.65	.095	56.95	3.58
CROSSOVERS/ALL OTH OUTPTNT	1,539	5,815	143,760.35	24.72	.201	93.41	4.97
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	307	17,662.94	57.53	.011	2207.87	.61
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	307	17,662.94	57.53	.011	2207.87	.61
@REHABILITATION FACILITY	13	119	3,114.59	26.17	.004	239.58	.11
HOSPITAL BASED	13	119	3,114.59	26.17	.004	239.58	.11
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,021	3,028	47,850.69	15.80	.105	46.87	1.65
PATHOLOGY	1,021	3,028	47,850.69	15.80	.105	46.87	1.65
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,688	10,038	1,150,769.66	114.64	.347	172.06	39.76
CLINIC	35	155	7,088.13	45.73	.005	202.52	.24
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,658	9,883	1,143,681.53	115.72	.341	171.78	39.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,408
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

	28,944 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	928	6,781	\$	121,321.36	\$ 17.89	.234	\$ 130.73	\$ 4.19
DURABLE MED. EQUIP.	39	75		10,603.79	141.38	.003	271.89	.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	148	2,964		56,052.21	18.91	.102	378.73	1.94
AMBULANCES/AIR TRANS	147	2,945		36,925.39	12.54	.102	251.19	1.28
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	15	19		19,126.82	1006.67	.001	1275.12	.66
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	78	78	8,085.00	103.65	.003	103.65	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	248	527	4,892.63	9.28	.018	19.73	.17
PHYSICAL THERAPIST	89	767	11,665.42	15.21	.026	131.07	.40
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	485.43	53.94	.000	69.35	.02
PROSTHETICS	7	9	485.43	53.94	.000	69.35	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	78	3,390.22	43.46	.003	116.90	.12
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	281	2,181	21,503.50	9.86	.075	76.52	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	102	4,396.81	43.11	.004	157.03	.15
@CALIF. CHILDREN SERVICES*	49	185	\$ 79,906.97	\$ 431.93	.006	\$ 1630.75	\$ 2.76
@XOVER EXCLUDING STATE HOSP**	46	157	\$ 4,682.63	\$ 29.83	.005	\$ 101.80	\$ .16

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,409  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	33,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,292	124,249	\$	7,276,453.30	\$ 58.56	3.735	\$ 446.63	\$ 218.72
@PHYSICIANS SERVICES	2,353	6,973	\$	238,906.92	\$ 34.26	.210	\$ 101.53	\$ 7.18
OUTPATIENT VISITS	985	1,355		48,185.27	35.56	.041	48.92	1.45
OFFICE VISITS	884	1,161		39,581.18	34.09	.035	44.78	1.19
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	64	67		3,705.40	55.30	.002	57.90	.11
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	29	94		3,600.10	38.30	.003	124.14	.11
OTHER OUTPATIENT	30	33		1,298.59	39.35	.001	43.29	.04
INPATIENT VISITS	78	206		12,867.51	62.46	.006	164.97	.39
HOSPITAL VISITS	75	173		9,389.66	54.28	.005	125.20	.28
CRITICAL CARE	8	33		3,477.85	105.39	.001	434.73	.10
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	40	48		1,959.31	40.82	.001	48.98	.06
EXAMINATIONS	40	48		1,959.31	40.82	.001	48.98	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	89	386		40,052.45	103.76	.012	450.03	1.20
PRINCIPAL SURGEON	69	89		32,640.49	366.75	.003	473.05	.98
ASSISTANT SURGEON	8	8		1,675.30	209.41	.000	209.41	.05
ANESTHESIOLOGIST	19	289		5,736.66	19.85	.009	301.93	.17
OUTPATIENT SURGERY	285	570		61,863.58	108.53	.017	217.07	1.86
PRINCIPAL SURGEON	273	404		58,786.67	145.51	.012	215.34	1.77
ASSISTANT SURGEON	1	1		101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	16	165		2,975.83	18.04	.005	185.99	.09
DIALYSIS	8	12		2,011.82	167.65	.000	251.48	.06
PATHOLOGY	222	350		8,313.39	23.75	.011	37.45	.25
RADIOLOGY	561	759		22,049.74	29.05	.023	39.30	.66
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	23		212.47	9.24	.001	13.28	.01
OTHER SERVICES/ALL X-OVERS	760	3,264		41,391.38	12.68	.098	54.46	1.24

@PHARMACY	9,642	46,784	\$	2,005,432.73	\$	42.87	1.406	\$	207.99	\$	60.28
PRESCRIPTION DRUGS	9,584	28,128		1,982,445.12		70.48	.845		206.85		59.59
SNF/ICF	550	3,087		154,335.51		50.00	.093		280.61		4.64
OUTPATIENTS	9,040	25,041		1,828,109.61		73.00	.753		202.22		54.95
MEDICAL SUPPLIES	206	18,656		22,987.61		1.23	.561		111.59		.69
@DENTIST	364	1,882	\$	93,605.20	\$	49.74	.057	\$	257.16	\$	2.81
VISITS - DIAGNOSTIC	257	837		14,327.75		17.12	.025		55.75		.43
ORAL SURGERY	85	528		30,604.00		57.96	.016		360.05		.92
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	33	36		3,200.00		88.89	.001		96.97		.10
PERIODONTICS	5	5		628.00		125.60	.000		125.60		.02
ENDODONTICS	20	45		3,432.00		76.27	.001		171.60		.10
RESTORATIVE DENTISTRY	108	332		20,080.00		60.48	.010		185.93		.60
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	34	59		20,713.45		351.08	.002		609.22		.62
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES	7	7	350.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	7	210.00	30.00	.000	30.00	.01
ALL OTHER SERVICES	16	23	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,410  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDED - TOTAL

33,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	498	1,238	\$ 29,306.95	\$ 23.67	.037	\$ 58.85	\$ .88
DIAGNOSTIC AND ANC. PROCED	332	334	15,116.76	45.26	.010	45.53	.45
EYE APPLIANCES	331	898	13,786.03	15.35	.027	41.65	.41
OTHER OPTOMETRIC SERVICES	10	6	404.16	67.36	.000	40.42	.01
@CHIROPRACTOR	255	472	\$ 7,795.04	\$ 16.51	.014	\$ 30.57	\$ .23
VISITS	251	463	7,724.64	16.68	.014	30.78	.23
OTHER SERVICES	4	9	70.40	7.82	.000	17.60	.00
@PODIATRIST	101	176	\$ 4,697.89	\$ 26.69	.005	\$ 46.51	\$ .14
MEDICINE/INJECTIONS	46	52	1,517.36	29.18	.002	32.99	.05
SURGERY/ANES.	2	3	685.03	228.34	.000	342.52	.02
RADIO./PATHOLOGY	13	25	415.20	16.61	.001	31.94	.01
OTHER	56	96	2,080.30	21.67	.003	37.15	.06
@HOME HEALTH AGENCY	9	45	\$ 3,098.50	\$ 68.86	.001	\$ 344.28	\$ .09
NURSE ANESTHESIST	190	1,001	\$ 19,207.74	\$ 19.19	.030	\$ 101.09	\$ .58
NURSE MIDWIFE	77	164	\$ 30,881.97	\$ 188.30	.005	\$ 401.06	\$ .93
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,592	19,477	\$ 1,756,189.76	\$ 90.17	.585	\$ 488.92	\$ 52.79
HOSP INPATIENT TOTAL	263	996	1,188,180.59	1192.95	.030	4517.80	35.72
HSC HOSPITALS	10	32	45,277.00	1414.91	.001	4527.70	1.36
NON-HSC HOSPITAL TOTAL	184	713	1,089,630.76	1528.23	.021	5921.91	32.75
ACCOMMODATIONS	184	713	496,073.32	695.76	.021	2696.05	14.91
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	184	711	495,610.72	697.06	.021	2693.54	14.90
ANCILLARIES	184	0	593,557.44	.00	.000	3225.86	17.84
INPATIENT CROSSOVERS	69	251	53,272.83	212.24	.008	772.07	1.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,476	18,481	568,009.17	30.73	.556	163.41	17.07
MEDICAL	1,402	1,949	114,604.79	58.80	.059	81.74	3.44
SURGERY	320	404	22,069.07	54.63	.012	68.97	.66
PATHOLOGY	1,216	4,985	63,499.97	12.74	.150	52.22	1.91
RADIOLOGY	1,193	1,570	98,602.16	62.80	.047	82.65	2.96
ROOM USE	1,864	2,829	107,306.85	37.93	.085	57.57	3.23
CROSSOVERS/ALL OTH OUTPTNT	1,894	6,744	161,926.33	24.01	.203	85.49	4.87
@COUNTY HOSPITAL TOTAL	6	11	\$ 1,084.29	\$ 98.57	.000	\$ 180.72	\$ .03
CO HOSPITAL INPATIENT TOTAL	1	3	840.00	280.00	.000	840.00	.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	840.00	280.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	8	244.29	30.54	.000	48.86	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.63	5.63	.000	5.63	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	119.00	39.67	.000	119.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	119.66	29.92	.000	29.92	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,411  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33,268 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,586	19,466	\$ 1,755,105.47	\$ 90.16	.585	\$ 489.43	\$ 52.76
COMM HOSP INPATIENT TOTAL	262	993	1,187,340.59	1195.71	.030	4531.83	35.69
HSC HOSPITALS	10	32	45,277.00	1414.91	.001	4527.70	1.36
NON-HSC HOSPITALS TOTAL	184	713	1,089,630.76	1528.23	.021	5921.91	32.75
ACCOMMODATIONS	184	713	496,073.32	695.76	.021	2696.05	14.91
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	184	711	495,610.72	697.06	.021	2693.54	14.90
ANCILLARIES	184	0	593,557.44	.00	.000	3225.86	17.84
INPATIENT CROSSOVERS	68	248	52,432.83	211.42	.007	771.07	1.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,471	18,473	567,764.88	30.73	.555	163.57	17.07
MEDICAL	1,402	1,949	114,604.79	58.80	.059	81.74	3.44
SURGERY	320	404	22,069.07	54.63	.012	68.97	.66
PATHOLOGY	1,215	4,984	63,494.34	12.74	.150	52.26	1.91
RADIOLOGY	1,193	1,570	98,602.16	62.80	.047	82.65	2.96
ROOM USE	1,863	2,826	107,187.85	37.93	.085	57.54	3.22
CROSSOVERS/ALL OTH OUTPTNT	1,890	6,740	161,806.67	24.01	.203	85.61	4.86
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	515	15,040	\$ 1,589,636.80	\$ 105.69	.452	\$ 3086.67	\$ 47.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	515	15,040	1,589,636.80	105.69	.452	3086.67	47.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	375	\$ 18,360.78	\$ 48.96	.011	\$ 2040.09	\$ .55
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	375	18,360.78	48.96	.011	2040.09	.55
@REHABILITATION FACILITY	15	124	\$ 3,241.25	\$ 26.14	.004	\$ 216.08	\$ .10
HOSPITAL BASED	15	124	3,241.25	26.14	.004	216.08	.10
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,079	3,237	\$ 50,476.69	\$ 15.59	.097	\$ 46.78	\$ 1.52
PATHOLOGY	1,079	3,237	50,476.69	15.59	.097	46.78	1.52
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,423	11,226	\$ 1,227,900.79	\$ 109.38	.337	\$ 165.42	\$ 36.91
CLINIC	37	158	7,135.62	45.16	.005	192.85	.21
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,391	11,068	1,220,765.17	110.30	.333	165.17	36.69

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,412  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
33,268 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,441	16,035	\$	197,714.29	\$ 12.33	.482	\$ 137.21	\$ 5.94
DURABLE MED. EQUIP.	80	236		48,438.27	205.25	.007	605.48	1.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		400.09	400.09	.000	400.09	.01
MEDICAL TRANSPORTATION	231	3,791		64,350.67	16.97	.114	278.57	1.93
AMBULANCES/AIR TRANS	168	3,331		40,853.38	12.26	.100	243.17	1.23
OTHER TRANS	51	247		2,007.66	8.13	.007	39.37	.06
OTHER SERVICES	27	213		21,489.63	100.89	.006	795.91	.65
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	79	79		8,190.00	103.67	.002	103.67	.25
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7		908.90	129.84	.000	454.45	.03
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	345	752		8,099.79	10.77	.023	23.48	.24
PHYSICAL THERAPIST	95	802		12,242.57	15.27	.024	128.87	.37
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	25		2,346.39	93.86	.001	195.53	.07
PROSTHETICS	12	25		2,346.39	93.86	.001	195.53	.07
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	37	92		4,787.96	52.04	.003	129.40	.14
HOSPICE SERVICES	0	0		246.35	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	300	3,218		29,133.90	9.05	.097	97.11	.88
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	312	7,032		18,569.40	2.64	.211	59.52	.56
@CALIF. CHILDREN SERVICES*	52	213	\$	102,893.85	\$ 483.07	.006	\$ 1978.73	\$ 3.09
@XOVER EXCLUDING STATE HOSP**	998	9,328	\$	157,157.41	\$ 16.85	.280	\$ 157.47	\$ 4.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,413
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	2,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,090	4,769	\$	284,221.48	\$ 59.60	1.968	\$ 260.75	\$ 117.30
@PHYSICIANS SERVICES	144	299	\$	14,106.61	\$ 47.18	.123	\$ 97.96	\$ 5.82
OUTPATIENT VISITS	88	114		3,866.09	33.91	.047	43.93	1.60
OFFICE VISITS	64	76		2,660.58	35.01	.031	41.57	1.10
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11		477.44	43.40	.005	47.74	.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	17		322.46	18.97	.007	80.62	.13
OTHER OUTPATIENT	10	10		405.61	40.56	.004	40.56	.17
INPATIENT VISITS	5	29		1,702.22	58.70	.012	340.44	.70
HOSPITAL VISITS	5	27		1,573.70	58.29	.011	314.74	.65
CRITICAL CARE	1	2		128.52	64.26	.001	128.52	.05
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		37.15	18.58	.001	18.58	.02
EXAMINATIONS	2	2		37.15	18.58	.001	18.58	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	8		3,950.48	493.81	.003	493.81	1.63
PRINCIPAL SURGEON	8	8		3,950.48	493.81	.003	493.81	1.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	13	27		1,837.50		68.06	.011	141.35	.76
PRINCIPAL SURGEON	13	18		1,648.08		91.56	.007	126.78	.68
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		189.42		21.05	.004	189.42	.08
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	12	18		253.00		14.06	.007	21.08	.10
RADIOLOGY	29	44		781.82		17.77	.018	26.96	.32
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	26	57		1,678.35		29.44	.024	64.55	.69
@PHARMACY	516	1,151	\$	55,897.12	\$	48.56	.475	108.33	\$ 23.07
PRESCRIPTION DRUGS	510	1,097		53,308.63		48.59	.453	104.53	22.00
SNF/ICF	2	5		96.66		19.33	.002	48.33	.04
OUTPATIENTS	509	1,092		53,211.97		48.73	.451	104.54	21.96
MEDICAL SUPPLIES	14	54		2,588.49		47.94	.022	184.89	1.07
@DENTIST	30	126	\$	3,207.57	\$	25.46	.052	106.92	\$ 1.32
VISITS - DIAGNOSTIC	25	90		1,342.00		14.91	.037	53.68	.55
ORAL SURGERY	2	3		128.00		42.67	.001	64.00	.05
DRUGS	3	3		75.00		25.00	.001	25.00	.03
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	19		754.00		39.68	.008	75.40	.31
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.003	288.00	.12
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	4		620.57		155.14	.002	620.57	.26
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

PAGE 2,414 01/29/04

2,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	89	\$ 2,014.02	\$ 22.63	.037	\$ 57.54	\$ .83
DIAGNOSTIC AND ANC. PROCED	24	24	1,113.94	46.41	.010	46.41	.46
EYE APPLIANCES	25	65	900.08	13.85	.027	36.00	.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	8	10	\$ 167.20	\$ 16.72	.004	\$ 20.90	\$ .07
VISITS	8	10	167.20	16.72	.004	20.90	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	7	52	\$ 855.69	\$ 16.46	.021	\$ 122.24	\$ .35
NURSE MIDWIFE	3	8	\$ 736.65	\$ 92.08	.003	\$ 245.55	\$ .30
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	250	1,250	\$ 111,698.29	\$ 89.36	.516	\$ 446.79	\$ 46.10
HOSP INPATIENT TOTAL	10	51	77,991.69	1529.25	.021	7799.17	32.19
HSC HOSPITALS	1	11	18,150.00	1650.00	.005	18150.00	7.49
NON-HSC HOSPITAL TOTAL	9	40	59,841.69	1496.04	.017	6649.08	24.70
ACCOMMODATIONS	9	40	29,128.12	728.20	.017	3236.46	12.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	9	40	29,128.12	728.20	.017	3236.46	12.02
ANCILLARIES	9	0	30,713.57	.00	.000	3412.62	12.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	244	1,199	33,706.60	28.11	.495	138.14	13.91
MEDICAL	112	145	8,496.66	58.60	.060	75.86	3.51
SURGERY	20	27	1,451.59	53.76	.011	72.58	.60
PATHOLOGY	119	500	6,757.21	13.51	.206	56.78	2.79
RADIOLOGY	71	87	3,777.47	43.42	.036	53.20	1.56
ROOM USE	136	176	6,239.64	35.45	.073	45.88	2.58
CROSSOVERS/ALL OTH OUTPTNT	92	264	6,984.03	26.45	.109	75.91	2.88
@COUNTY HOSPITAL TOTAL	1	1	\$ 34.21	\$ 34.21	.000	\$ 34.21	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	34.21	34.21	.000	34.21	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,415  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	2,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	249	1,249	\$	111,664.08	\$ 89.40	.515	\$ 448.45	\$ 46.09
COMM HOSP INPATIENT TOTAL	10	51		77,991.69	1529.25	.021	7799.17	32.19
HSC HOSPITALS	1	11		18,150.00	1650.00	.005	18150.00	7.49
NON-HSC HOSPITALS TOTAL	9	40		59,841.69	1496.04	.017	6649.08	24.70
ACCOMMODATIONS	9	40		29,128.12	728.20	.017	3236.46	12.02
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	40		29,128.12	728.20	.017	3236.46	12.02
ANCILLARIES	9	0		30,713.57	.00	.000	3412.62	12.68
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	243	1,198		33,672.39	28.11	.494	138.57	13.90
MEDICAL	112	145		8,496.66	58.60	.060	75.86	3.51
SURGERY	20	27		1,451.59	53.76	.011	72.58	.60
PATHOLOGY	119	500		6,757.21	13.51	.206	56.78	2.79
RADIOLOGY	71	87		3,777.47	43.42	.036	53.20	1.56
ROOM USE	135	175		6,205.43	35.46	.072	45.97	2.56
CROSSOVERS/ALL OTH OUTPTNT	92	264		6,984.03	26.45	.109	75.91	2.88
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	72	204	\$	3,574.13	\$ 17.52	.084	\$ 49.64	\$ 1.48
PATHOLOGY	72	204		3,574.13	17.52	.084	49.64	1.48
XO AND OTHERS	0	0		.00	.00	.000	.00	.00



@ORGANIZED OUTPATIENT CLINIC	531	776	\$	82,094.90	\$	105.79	.320	\$	154.60	\$	33.88
CLINIC	2	5		300.30		60.06	.002		150.15		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	529	771		81,794.60		106.09	.318		154.62		33.76

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,416  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

2,423 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	78	804	\$ 9,869.30	\$ 12.28	.332	\$ 126.53	\$ 4.07
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	188	3,899.68	20.74	.078	205.25	1.61
AMBULANCES/AIR TRANS	19	187	2,624.68	14.04	.077	138.14	1.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.000	1275.00	.53
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.002	105.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	58	503.92	8.69	.024	19.38	.21
PHYSICAL THERAPIST	3	6	121.63	20.27	.002	40.54	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	90.06	45.03	.001	.00	.04
PROSTHETICS	0	2	90.06	45.03	.001	.00	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	288.97	48.16	.002	96.32	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	528	4,087.33	7.74	.218	185.79	1.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10	247.71	24.77	.004	247.71	.10
@CALIF. CHILDREN SERVICES*	22	117	\$ 24,453.17	\$ 209.00	.048	\$ 1111.51	\$ 10.09
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,417
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR    MIC - SOC	AID CODE 83

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	77	\$ 8,736.01	\$ 113.45	9.625	\$ 513.88	\$ 1092.00
@PHYSICIANS SERVICES	6	8	\$ 729.40	\$ 91.18	1.000	\$ 121.57	\$ 91.18
OUTPATIENT VISITS	1	1	45.76	45.76	.125	45.76	5.72
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.125	45.76	5.72
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	630.21	157.55	.500	210.07	78.78
PRINCIPAL SURGEON	3	4	630.21	157.55	.500	210.07	78.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.40	10.40	.125	10.40	1.30
RADIOLOGY	2	2	43.03	21.52	.250	21.52	5.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,418
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC						
			AID CODE 83				

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	3	13	\$ 269.44	\$ 20.73	1.625	\$ 89.81	\$ 33.68

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	11	54	\$	7,504.95	\$	138.98	6.750	\$	682.27	\$	938.12
HOSP INPATIENT TOTAL	1	2		6,181.90		3090.95	.250		6181.90		772.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		6,181.90		3090.95	.250		6181.90		772.74
ACCOMMODATIONS	1	2		1,161.60		580.80	.250		1161.60		145.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,161.60		580.80	.250		1161.60		145.20
ANCILLARIES	1	0		5,020.30		.00	.000		5020.30		627.54
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	52		1,323.05		25.44	6.500		132.31		165.38
MEDICAL	4	4		158.02		39.51	.500		39.51		19.75
SURGERY	6	6		506.26		84.38	.750		84.38		63.28
PATHOLOGY	3	14		144.88		10.35	1.750		48.29		18.11
RADIOLOGY	6	7		135.99		19.43	.875		22.67		17.00
ROOM USE	8	8		274.04		34.26	1.000		34.26		34.26
CROSSOVERS/ALL OTH OUTPTNT	4	13		103.86		7.99	1.625		25.97		12.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,419  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIC - SOC      AID CODE 83

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	54	\$ 7,504.95	\$ 138.98	6.750	\$ 682.27	\$ 938.12
COMM HOSP INPATIENT TOTAL	1	2	6,181.90	3090.95	.250	6181.90	772.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	6,181.90	3090.95	.250	6181.90	772.74
ACCOMMODATIONS	1	2	1,161.60	580.80	.250	1161.60	145.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,161.60	580.80	.250	1161.60	145.20
ANCILLARIES	1	0	5,020.30	.00	.000	5020.30	627.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	52	1,323.05	25.44	6.500	132.31	165.38
MEDICAL	4	4	158.02	39.51	.500	39.51	19.75
SURGERY	6	6	506.26	84.38	.750	84.38	63.28
PATHOLOGY	3	14	144.88	10.35	1.750	48.29	18.11

RADIOLOGY	6	7		135.99		19.43	.875	22.67	17.00
ROOM USE	8	8		274.04		34.26	1.000	34.26	34.26
CROSSOVERS/ALL OTH OUTPTNT	4	13		103.86		7.99	1.625	25.97	12.98
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	232.22	\$	116.11	\$	232.22
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	1	2		232.22		116.11		232.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,420	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC						AID CODE 83	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,421	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL							

2,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
-----------------	-------	-------------------------------------	--------------	------------------------------	------------------------	------------------	----------------------

@TOTAL, ALL PROVIDERS	1,107	4,846	\$	292,957.49	\$	60.45	1.993	\$	264.64	\$	120.51
@PHYSICIANS SERVICES	150	307	\$	14,836.01	\$	48.33	.126	\$	98.91	\$	6.10
OUTPATIENT VISITS	89	115		3,911.85		34.02	.047		43.95		1.61
OFFICE VISITS	64	76		2,660.58		35.01	.031		41.57		1.09
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	11		477.44		43.40	.005		47.74		.20
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	4	17		322.46		18.97	.007		80.62		.13
OTHER OUTPATIENT	11	11		451.37		41.03	.005		41.03		.19
INPATIENT VISITS	5	29		1,702.22		58.70	.012		340.44		.70
HOSPITAL VISITS	5	27		1,573.70		58.29	.011		314.74		.65
CRITICAL CARE	1	2		128.52		64.26	.001		128.52		.05
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		37.15		18.58	.001		18.58		.02
EXAMINATIONS	2	2		37.15		18.58	.001		18.58		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	8		3,950.48		493.81	.003		493.81		1.63
PRINCIPAL SURGEON	8	8		3,950.48		493.81	.003		493.81		1.63
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	16	31		2,467.71		79.60	.013		154.23		1.02
PRINCIPAL SURGEON	16	22		2,278.29		103.56	.009		142.39		.94
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	9		189.42		21.05	.004		189.42		.08
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	19		263.40		13.86	.008		20.26		.11
RADIOLOGY	31	46		824.85		17.93	.019		26.61		.34
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	26	57		1,678.35		29.44	.023		64.55		.69
@PHARMACY	516	1,151	\$	55,897.12	\$	48.56	.473	\$	108.33	\$	22.99
PRESCRIPTION DRUGS	510	1,097		53,308.63		48.59	.451		104.53		21.93
SNF/ICF	2	5		96.66		19.33	.002		48.33		.04
OUTPATIENTS	509	1,092		53,211.97		48.73	.449		104.54		21.89
MEDICAL SUPPLIES	14	54		2,588.49		47.94	.022		184.89		1.06
@DENTIST	30	126	\$	3,207.57	\$	25.46	.052	\$	106.92	\$	1.32
VISITS - DIAGNOSTIC	25	90		1,342.00		14.91	.037		53.68		.55
ORAL SURGERY	2	3		128.00		42.67	.001		64.00		.05
DRUGS	3	3		75.00		25.00	.001		25.00		.03
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	10	19		754.00		39.68	.008		75.40		.31
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.003		288.00		.12
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	4		620.57		155.14	.002		620.57		.26
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,422
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										

	2,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35		89	\$ 2,014.02	\$ 22.63	.037	\$ 57.54	\$ .83
DIAGNOSTIC AND ANC. PROCED	24		24	1,113.94	46.41	.010	46.41	.46
EYE APPLIANCES	25		65	900.08	13.85	.027	36.00	.37
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00

@CHIROPRACTOR	8	10	\$	167.20	\$	16.72	.004	\$	20.90	\$	.07
VISITS	8	10		167.20		16.72	.004		20.90		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	10	65	\$	1,125.13	\$	17.31	.027	\$	112.51	\$	.46
NURSE MIDWIFE	3	8	\$	736.65	\$	92.08	.003	\$	245.55	\$	.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	261	1,304	\$	119,203.24	\$	91.41	.536	\$	456.72	\$	49.03
HOSP INPATIENT TOTAL	11	53		84,173.59		1588.18	.022		7652.14		34.63
HSC HOSPITALS	1	11		18,150.00		1650.00	.005		18150.00		7.47
NON-HSC HOSPITAL TOTAL	10	42		66,023.59		1571.99	.017		6602.36		27.16
ACCOMMODATIONS	10	42		30,289.72		721.18	.017		3028.97		12.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	42		30,289.72		721.18	.017		3028.97		12.46
ANCILLARIES	10	0		35,733.87		.00	.000		3573.39		14.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	254	1,251		35,029.65		28.00	.515		137.91		14.41
MEDICAL	116	149		8,654.68		58.09	.061		74.61		3.56
SURGERY	26	33		1,957.85		59.33	.014		75.30		.81
PATHOLOGY	122	514		6,902.09		13.43	.211		56.57		2.84
RADIOLOGY	77	94		3,913.46		41.63	.039		50.82		1.61
ROOM USE	144	184		6,513.68		35.40	.076		45.23		2.68
CROSSOVERS/ALL OTH OUTPTNT	96	277		7,087.89		25.59	.114		73.83		2.92
@COUNTY HOSPITAL TOTAL	1	1	\$	34.21	\$	34.21	.000	\$	34.21	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		34.21		34.21	.000		34.21		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.000		34.21		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,423  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260	1,303	\$	119,169.03	\$ 91.46	.536	\$ 458.34	\$ 49.02
COMM HOSP INPATIENT TOTAL	11	53		84,173.59	1588.18	.022	7652.14	34.63
HSC HOSPITALS	1	11		18,150.00	1650.00	.005	18150.00	7.47
NON-HSC HOSPITALS TOTAL	10	42		66,023.59	1571.99	.017	6602.36	27.16
ACCOMMODATIONS	10	42		30,289.72	721.18	.017	3028.97	12.46

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	30,289.72	721.18	.017	3028.97	12.46
ANCILLARIES	10	0	35,733.87	.00	.000	3573.39	14.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	253	1,250	34,995.44	28.00	.514	138.32	14.40
MEDICAL	116	149	8,654.68	58.09	.061	74.61	3.56
SURGERY	26	33	1,957.85	59.33	.014	75.30	.81
PATHOLOGY	122	514	6,902.09	13.43	.211	56.57	2.84
RADIOLOGY	77	94	3,913.46	41.63	.039	50.82	1.61
ROOM USE	143	183	6,479.47	35.41	.075	45.31	2.67
CROSSOVERS/ALL OTH OUTPTNT	96	277	7,087.89	25.59	.114	73.83	2.92
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	72	204	\$ 3,574.13	\$ 17.52	.084	\$ 49.64	\$ 1.47
PATHOLOGY	72	204	3,574.13	17.52	.084	49.64	1.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	532	778	\$ 82,327.12	\$ 105.82	.320	\$ 154.75	\$ 33.87
CLINIC	2	5	300.30	60.06	.002	150.15	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	530	773	82,026.82	106.11	.318	154.77	33.74

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,424  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

	2,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	78	804	\$	9,869.30	\$ 12.28	.331	\$ 126.53	\$ 4.06
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	188		3,899.68	20.74	.077	205.25	1.60
AMBULANCES/AIR TRANS	19	187		2,624.68	14.04	.077	138.14	1.08
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,275.00	1275.00	.000	1275.00	.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6		630.00	105.00	.002	105.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00



OPTICIAN	26	58	503.92	8.69	.024	19.38	.21
PHYSICAL THERAPIST	3	6	121.63	20.27	.002	40.54	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	90.06	45.03	.001	.00	.04
PROSTHETICS	0	2	90.06	45.03	.001	.00	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	288.97	48.16	.002	96.32	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	528	4,087.33	7.74	.217	185.79	1.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10	247.71	24.77	.004	247.71	.10
@CALIF. CHILDREN SERVICES*	22	117	\$ 24,453.17	\$ 209.00	.048	\$ 1111.51	\$ 10.06

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,425  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 2,428
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
DEL NORTE COUNTY			SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81				

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,429
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86	

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	60	\$ 2,041.71	\$ 34.03	10.000	\$ 291.67	\$ 340.29
@PHYSICIANS SERVICES	1	1	\$ 37.73	\$ 37.73	.167	\$ 37.73	\$ 6.29
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		37.73	37.73	.167	37.73	6.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,430  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	7	56	\$ 1,689.48	\$ 30.17	9.333	\$ 241.35	\$ 281.58
HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	28.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	170.00	.00	.000	.00	28.33
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	28.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	28.33
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	56	1,519.48	27.13	9.333	217.07	253.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	256.29	12.20	3.500	128.15	42.72
RADIOLOGY	1	1	78.82	78.82	.167	78.82	13.14
ROOM USE	4	5	168.34	33.67	.833	42.09	28.06
CROSSOVERS/ALL OTH OUTPTNT	6	29	1,016.03	35.04	4.833	169.34	169.34
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,431  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	56	\$ 1,689.48	\$ 30.17	9.333	\$ 241.35	\$ 281.58
COMM HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	28.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	170.00	.00	.000	.00	28.33
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	28.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	28.33
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	56	1,519.48	27.13	9.333	217.07	253.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	256.29	12.20	3.500	128.15	42.72
RADIOLOGY	1	1	78.82	78.82	.167	78.82	13.14
ROOM USE	4	5	168.34	33.67	.833	42.09	28.06
CROSSOVERS/ALL OTH OUTPTNT	6	29	1,016.03	35.04	4.833	169.34	169.34
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 28.00	\$ 28.00	.167	\$ 28.00	\$ 4.67
PATHOLOGY	1	1	28.00	28.00	.167	28.00	4.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 181.50	\$ 181.50	.167	\$ 181.50	\$ 30.25
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00



06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.167	\$ 105.00	\$ 17.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.167	105.00	17.50
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 170.00	\$ .00	.000	\$ .00	\$ 28.33
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	60	\$ 2,041.71	\$ 34.03	10.000	\$ 291.67	\$ 340.29
@PHYSICIANS SERVICES	1	1	\$ 37.73	\$ 37.73	.167	\$ 37.73	\$ 6.29
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	37.73	37.73	.167	37.73	6.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,434  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	7	56	\$ 1,689.48	\$ 30.17	9.333	\$ 241.35	\$ 281.58

HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	28.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	170.00	.00	.000	.00	28.33
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	28.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	28.33
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	56	1,519.48	27.13	9.333	217.07	253.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	21	256.29	12.20	3.500	128.15	42.72
RADIOLOGY	1	1	78.82	78.82	.167	78.82	13.14
ROOM USE	4	5	168.34	33.67	.833	42.09	28.06

CROSSEOVERS/ALL OTH OUTPTNT	6	29		1,016.03		35.04	4.833	169.34	169.34
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,435  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	56	\$	1,689.48	\$ 30.17	9.333	\$ 241.35	\$ 281.58
COMM HOSP INPATIENT TOTAL	0	0		170.00	.00	.000	.00	28.33
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		170.00	.00	.000	.00	28.33
ACCOMMODATIONS	0	0		170.00	.00	.000	.00	28.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		170.00	.00	.000	.00	28.33
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	56		1,519.48	27.13	9.333	217.07	253.25
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	21		256.29	12.20	3.500	128.15	42.72
RADIOLOGY	1	1		78.82	78.82	.167	78.82	13.14
ROOM USE	4	5		168.34	33.67	.833	42.09	28.06
CROSSEOVERS/ALL OTH OUTPTNT	6	29		1,016.03	35.04	4.833	169.34	169.34
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	28.00	\$	28.00	.167	\$	28.00	\$	4.67
PATHOLOGY	1	1		28.00		28.00	.167		28.00		4.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	181.50	\$	181.50	.167	\$	181.50	\$	30.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		181.50		181.50	.167		181.50		30.25

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 2,436  
01/29/04

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.167	\$ 105.00	\$ 17.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.167	105.00	17.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 170.00	\$ .00	.000	\$ .00	\$ 28.33
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC	PAGE 2,437 01/29/04
--	--	------------------------

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	582	\$ 46,914.59	\$ 80.61	22.385	\$ 1954.77	\$ 1804.41
@PHYSICIANS SERVICES	12	35	\$ 1,534.28	\$ 43.84	1.346	\$ 127.86	\$ 59.01
OUTPATIENT VISITS	2	3	101.60	33.87	.115	50.80	3.91
OFFICE VISITS	2	3	101.60	33.87	.115	50.80	3.91

HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	7	8		220.00		27.50	.308	31.43	8.46
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	8		220.00		27.50	.308	31.43	8.46
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.038	46.44	1.79
EXAMINATIONS	1	1		46.44		46.44	.038	46.44	1.79
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	5	10		758.26		75.83	.385	151.65	29.16
PRINCIPAL SURGEON	5	10		758.26		75.83	.385	151.65	29.16
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	5		284.82		56.96	.192	94.94	10.95
RADIOLOGY	1	1		59.05		59.05	.038	59.05	2.27
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7		64.11		9.16	.269	21.37	2.47
@PHARMACY	19	133	\$	8,500.59	\$	63.91	5.115	\$ 447.40	\$ 326.95
PRESCRIPTION DRUGS	19	133		8,500.59		63.91	5.115	447.40	326.95
SNF/ICF	16	117		8,080.83		69.07	4.500	505.05	310.80
OUTPATIENTS	4	16		419.76		26.24	.615	104.94	16.14
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,438	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							AID CODE 53	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	5	\$ 73.94	\$ 14.79	.192	\$ 73.94	\$ 2.84
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	14	55	\$ 1,116.83	\$ 20.31	2.115	\$ 79.77	\$ 42.96
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	55	1,116.83	20.31	2.115	79.77	42.96
MEDICAL	1	1	86.56	86.56	.038	86.56	3.33
SURGERY	1	1	13.92	13.92	.038	13.92	.54
PATHOLOGY	14	40	410.86	10.27	1.538	29.35	15.80
RADIOLOGY	2	2	214.55	107.28	.077	107.28	8.25
ROOM USE	2	4	257.68	64.42	.154	128.84	9.91
CROSSOVERS/ALL OTH OUTPTNT	2	7	133.26	19.04	.269	66.63	5.13
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,439  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	55	\$	1,116.83	\$ 20.31	2.115	\$ 79.77	\$ 42.96
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	55		1,116.83	20.31	2.115	79.77	42.96
MEDICAL	1	1		86.56	86.56	.038	86.56	3.33
SURGERY	1	1		13.92	13.92	.038	13.92	.54
PATHOLOGY	14	40		410.86	10.27	1.538	29.35	15.80
RADIOLOGY	2	2		214.55	107.28	.077	107.28	8.25
ROOM USE	2	4		257.68	64.42	.154	128.84	9.91
CROSSOVERS/ALL OTH OUTPTNT	2	7		133.26	19.04	.269	66.63	5.13
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	340	\$	34,833.12	\$ 102.45	13.077	\$ 2679.47	\$ 1339.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	13	340		34,833.12	102.45	13.077	2679.47	1339.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	550.42	\$ 110.08	.192	\$ 183.47	\$ 21.17
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5		550.42	110.08	.192	183.47	21.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,440
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							AID CODE 53

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	9 \$	305.41	\$ 33.93	.346	\$ 101.80	\$ 11.75
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7	279.33	39.90	.269	93.11	10.74
AMBULANCES/AIR TRANS	3	7	279.33	39.90	.269	93.11	10.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.077	26.08	1.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1	1	\$ 4.42	\$ 4.42	1.000		\$ 4.42	\$ 4.42
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	1	1	\$ 4.42	\$ 4.42	1.000		\$ 4.42	\$ 4.42
PRESCRIPTION DRUGS	1	1	4.42	4.42	1.000		4.42	4.42
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	1	1	4.42	4.42	1.000		4.42	4.42
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

	0	OR DAYS OF CARE	0	\$	.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
LEV B-REGULAR	0		0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0		.00	.00	.000	.00	.00
ICF DD	0		0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
XO AND OTHERS	0		0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0		0		.00	.00	.000	.00	.00
SURGICENTER	0		0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0		0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
DEL NORTE COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

PAGE 2,444  
 01/29/04

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,445
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL		

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	583	\$ 46,919.01	\$ 80.48	21.593	\$ 1876.76	\$ 1737.74
@PHYSICIANS SERVICES	12	35	\$ 1,534.28	\$ 43.84	1.296	\$ 127.86	\$ 56.83
OUTPATIENT VISITS	2	3	101.60	33.87	.111	50.80	3.76
OFFICE VISITS	2	3	101.60	33.87	.111	50.80	3.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	8	220.00	27.50	.296	31.43	8.15
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	8	220.00	27.50	.296	31.43	8.15
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.037	46.44	1.72
EXAMINATIONS	1	1	46.44	46.44	.037	46.44	1.72
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	10	758.26	75.83	.370	151.65	28.08
PRINCIPAL SURGEON	5	10	758.26	75.83	.370	151.65	28.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	284.82	56.96	.185	94.94	10.55
RADIOLOGY	1	1	59.05	59.05	.037	59.05	2.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7	64.11	9.16	.259	21.37	2.37
@PHARMACY	20	134	\$ 8,505.01	\$ 63.47	4.963	\$ 425.25	\$ 315.00
PRESCRIPTION DRUGS	20	134	8,505.01	63.47	4.963	425.25	315.00
SNF/ICF	16	117	8,080.83	69.07	4.333	505.05	299.29
OUTPATIENTS	5	17	424.18	24.95	.630	84.84	15.71
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,446  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	5	\$ 73.94	\$ 14.79	.185	\$ 73.94	\$ 2.74
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	14	55	\$ 1,116.83	\$ 20.31	2.037	\$ 79.77	\$ 41.36
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	55	1,116.83	20.31	2.037	79.77	41.36
MEDICAL	1	1	86.56	86.56	.037	86.56	3.21
SURGERY	1	1	13.92	13.92	.037	13.92	.52
PATHOLOGY	14	40	410.86	10.27	1.481	29.35	15.22
RADIOLOGY	2	2	214.55	107.28	.074	107.28	7.95
ROOM USE	2	4	257.68	64.42	.148	128.84	9.54
CROSSOVERS/ALL OTH OUTPTNT	2	7	133.26	19.04	.259	66.63	4.94
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,447  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	55	\$ 1,116.83	\$ 20.31	2.037	\$ 79.77	\$ 41.36
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	55	1,116.83	20.31	2.037	79.77	41.36
MEDICAL	1	1	86.56	86.56	.037	86.56	3.21
SURGERY	1	1	13.92	13.92	.037	13.92	.52
PATHOLOGY	14	40	410.86	10.27	1.481	29.35	15.22
RADIOLOGY	2	2	214.55	107.28	.074	107.28	7.95
ROOM USE	2	4	257.68	64.42	.148	128.84	9.54
CROSSOVERS/ALL OTH OUTPTNT	2	7	133.26	19.04	.259	66.63	4.94
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	340	\$ 34,833.12	\$ 102.45	12.593	\$ 2679.47	\$ 1290.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	340	34,833.12	102.45	12.593	2679.47	1290.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$ 550.42	\$ 110.08	.185	\$ 183.47	\$ 20.39
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5	550.42	110.08	.185	183.47	20.39

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,448  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL



27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	9	\$ 305.41	\$ 33.93	.333	\$ 101.80	\$ 11.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7	279.33	39.90	.259	93.11	10.35
AMBULANCES/AIR TRANS	3	7	279.33	39.90	.259	93.11	10.35
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,449  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,450  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,451  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,452  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,453
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL	

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	643	\$ 48,960.72	\$ 76.14	19.485	\$ 1530.02	\$ 1483.66
@PHYSICIANS SERVICES	13	36	\$ 1,572.01	\$ 43.67	1.091	\$ 120.92	\$ 47.64
OUTPATIENT VISITS	2	3	101.60	33.87	.091	50.80	3.08
OFFICE VISITS	2	3	101.60	33.87	.091	50.80	3.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	8		220.00	27.50	.242	31.43	6.67
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	8		220.00	27.50	.242	31.43	6.67
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.030	46.44	1.41
EXAMINATIONS	1	1		46.44	46.44	.030	46.44	1.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	10		758.26	75.83	.303	151.65	22.98
PRINCIPAL SURGEON	5	10		758.26	75.83	.303	151.65	22.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	5		284.82	56.96	.152	94.94	8.63
RADIOLOGY	2	2		96.78	48.39	.061	48.39	2.93
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	7		64.11	9.16	.212	21.37	1.94
@PHARMACY	20	134	\$	8,505.01	\$ 63.47	4.061	\$ 425.25	\$ 257.73
PRESCRIPTION DRUGS	20	134		8,505.01	63.47	4.061	425.25	257.73
SNF/ICF	16	117		8,080.83	69.07	3.545	505.05	244.87
OUTPATIENTS	5	17		424.18	24.95	.515	84.84	12.85
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,454
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	5	\$	73.94	\$	14.79	.152	\$	73.94	\$	2.24
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	21	111	\$	2,806.31	\$	25.28	3.364	\$	133.63	\$	85.04
HOSP INPATIENT TOTAL	0	0		170.00		.00	.000		.00		5.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		170.00		.00	.000		.00		5.15
ACCOMMODATIONS	0	0		170.00		.00	.000		.00		5.15
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		170.00		.00	.000		.00		5.15
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	21	111		2,636.31	23.75	3.364	125.54	79.89	
MEDICAL	1	1		86.56	86.56	.030	86.56	2.62	
SURGERY	1	1		13.92	13.92	.030	13.92	.42	
PATHOLOGY	16	61		667.15	10.94	1.848	41.70	20.22	
RADIOLOGY	3	3		293.37	97.79	.091	97.79	8.89	
ROOM USE	6	9		426.02	47.34	.273	71.00	12.91	
CROSSOVERS/ALL OTH OUTPTNT	8	36		1,149.29	31.92	1.091	143.66	34.83	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,455
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	111	\$ 2,806.31	\$ 25.28	3.364	\$ 133.63	\$ 85.04
COMM HOSP INPATIENT TOTAL	0	0	170.00	.00	.000	.00	5.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	170.00	.00	.000	.00	5.15
ACCOMMODATIONS	0	0	170.00	.00	.000	.00	5.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	170.00	.00	.000	.00	5.15
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	111	2,636.31	23.75	3.364	125.54	79.89
MEDICAL	1	1	86.56	86.56	.030	86.56	2.62
SURGERY	1	1	13.92	13.92	.030	13.92	.42
PATHOLOGY	16	61	667.15	10.94	1.848	41.70	20.22
RADIOLOGY	3	3	293.37	97.79	.091	97.79	8.89
ROOM USE	6	9	426.02	47.34	.273	71.00	12.91
CROSSOVERS/ALL OTH OUTPTNT	8	36	1,149.29	31.92	1.091	143.66	34.83
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	340	\$ 34,833.12	\$ 102.45	10.303	\$ 2679.47	\$ 1055.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	340	34,833.12	102.45	10.303	2679.47	1055.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 28.00	\$ 28.00	.030	\$ 28.00	\$ .85
PATHOLOGY	1	1	28.00	28.00	.030	28.00	.85
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$ 731.92	\$ 121.99	.182	\$ 182.98	\$ 22.18
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	6	731.92	121.99	.182	182.98	22.18

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

PAGE 2,456 01/29/04

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	10	\$ 410.41	\$ 41.04	.303	\$ 102.60	\$ 12.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	7	279.33	39.90	.212	93.11	8.46
AMBULANCES/AIR TRANS	3	7	279.33	39.90	.212	93.11	8.46
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.030	105.00	3.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.061	26.08	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 170.00	\$ .00	.000	\$ .00	\$ 5.15
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL AGED

PAGE 2,457 01/29/04

----- MONTHLY AVERAGE -----

5,519 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,442	72,771	\$ 3,138,880.02	\$ 43.13	13.186	\$ 706.64	\$ 568.74
@PHYSICIANS SERVICES	718	2,301	\$ 36,829.90	\$ 16.01	.417	\$ 51.30	\$ 6.67
OUTPATIENT VISITS	20	25	980.70	39.23	.005	49.04	.18
OFFICE VISITS	19	24	936.10	39.00	.004	49.27	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.000	44.60	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	604.71	75.59	.001	201.57	.11
HOSPITAL VISITS	3	5	239.91	47.98	.001	79.97	.04
CRITICAL CARE	1	3	364.80	121.60	.001	364.80	.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.000	81.73	.01
EXAMINATIONS	1	1	81.73	81.73	.000	81.73	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.000	82.65	.01
PRINCIPAL SURGEON	1	1	82.65	82.65	.000	82.65	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	295.23	295.23	.000	295.23	.05
PRINCIPAL SURGEON	1	1	295.23	295.23	.000	295.23	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.01
RADIOLOGY	5	6	133.54	22.26	.001	26.71	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	701	2,258	34,603.14	15.32	.409	49.36	6.27
@PHARMACY	3,777	37,467	\$ 1,181,514.24	\$ 31.53	6.789	\$ 312.82	\$ 214.08
PRESCRIPTION DRUGS	3,734	15,730	1,157,434.57	73.58	2.850	309.97	209.72
SNF/ICF	554	3,139	160,495.60	51.13	.569	289.70	29.08
OUTPATIENTS	3,187	12,591	996,938.97	79.18	2.281	312.81	180.64
MEDICAL SUPPLIES	262	21,737	24,079.67	1.11	3.939	91.91	4.36
@DENTIST	77	242	\$ 20,541.00	\$ 84.88	.044	\$ 266.77	\$ 3.72
VISITS - DIAGNOSTIC	40	106	1,288.00	12.15	.019	32.20	.23
ORAL SURGERY	13	71	3,645.00	51.34	.013	280.38	.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.01
ENDODONTICS	3	3	215.00	71.67	.001	71.67	.04
RESTORATIVE DENTISTRY	5	10	690.00	69.00	.002	138.00	.13
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	25	47	14,618.00	311.02	.009	584.72	2.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,458
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

5,519 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	83	195	\$ 4,058.84	\$ 20.81	.035	\$ 48.90	\$ .74
DIAGNOSTIC AND ANC. PROCED	17	15	711.75	47.45	.003	41.87	.13

EYE APPLIANCES	64	174		2,971.49	17.08	.032	46.43	.54
OTHER OPTOMETRIC SERVICES	10	6		375.60	62.60	.001	37.56	.07
@CHIROPRACTOR	6	11	\$	106.61	9.69	.002	17.77	.02
VISITS	2	3		50.16	16.72	.001	25.08	.01
OTHER SERVICES	4	8		56.45	7.06	.001	14.11	.01
@PODIATRIST	105	153	\$	1,874.27	12.25	.028	17.85	.34
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	105	153		1,874.27	12.25	.028	17.85	.34
@HOME HEALTH AGENCY	2	14	\$	1,003.31	71.67	.003	501.66	.18
NURSE ANESTHESIST	2	4	\$	44.93	11.23	.001	22.47	.01
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	595	1,912	\$	150,179.88	78.55	.346	252.40	27.21
HOSP INPATIENT TOTAL	113	416		125,600.79	301.92	.075	1111.51	22.76
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	10		36,382.35	3638.24	.002	18191.18	6.59
ACCOMMODATIONS	2	10		10,381.80	1038.18	.002	5190.90	1.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		10,381.80	1038.18	.002	5190.90	1.88
ANCILLARIES	2	0		26,000.55	.00	.000	13000.28	4.71
INPATIENT CROSSOVERS	111	406		89,218.44	219.75	.074	803.77	16.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	565	1,496		24,579.09	16.43	.271	43.50	4.45
MEDICAL	4	6		944.06	157.34	.001	236.02	.17
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	5		74.56	14.91	.001	18.64	.01
RADIOLOGY	7	7		183.03	26.15	.001	26.15	.03
ROOM USE	4	6		324.01	54.00	.001	81.00	.06
CROSSOVERS/ALL OTH OUTPTNT	557	1,472		23,053.43	15.66	.267	41.39	4.18
@COUNTY HOSPITAL TOTAL	4	6	\$	889.26	148.21	.001	222.32	.16
CO HOSPITAL INPATIENT TOTAL	1	3		840.00	280.00	.001	840.00	.15
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		840.00	280.00	.001	840.00	.15
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	3		49.26	16.42	.001	16.42	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3		49.26	16.42	.001	16.42	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,459  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL AGED

	5,519 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	591		1,906	\$ 149,290.62	\$ 78.33	.345	\$ 252.61	\$ 27.05
COMM HOSP INPATIENT TOTAL	112		413	124,760.79	302.08	.075	1113.94	22.61
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	2	10	36,382.35	3638.24	.002	18191.18	6.59
ACCOMMODATIONS	2	10	10,381.80	1038.18	.002	5190.90	1.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	10,381.80	1038.18	.002	5190.90	1.88
ANCILLARIES	2	0	26,000.55	.00	.000	13000.28	4.71
INPATIENT CROSSOVERS	110	403	88,378.44	219.30	.073	803.44	16.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	562	1,493	24,529.83	16.43	.271	43.65	4.44
MEDICAL	4	6	944.06	157.34	.001	236.02	.17
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	74.56	14.91	.001	18.64	.01
RADIOLOGY	7	7	183.03	26.15	.001	26.15	.03
ROOM USE	4	6	324.01	54.00	.001	81.00	.06
CROSSOVERS/ALL OTH OUTPTNT	554	1,469	23,004.17	15.66	.266	41.52	4.17
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	533	15,183	\$	1,609,074.31	\$ 105.98	2.751	\$ 3018.90	\$ 291.55	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	533	15,183		1,609,074.31	105.98	2.751	3018.90	291.55	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	1	2	\$	779.57	\$ 389.79	.000	\$ 779.57	\$ .14	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	1	2		779.57	389.79	.000	779.57	.14	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	29	54	\$	601.52	\$ 11.14	.010	\$ 20.74	\$ .11	
PATHOLOGY	25	50		579.01	11.58	.009	23.16	.10	
XO AND OTHERS	4	4		22.51	5.63	.001	5.63	.00	
@ORGANIZED OUTPATIENT CLINIC	838	1,421	\$	70,279.03	\$ 49.46	.257	\$ 83.87	\$ 12.73	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	838	1,421		70,279.03	49.46	.257	83.87	12.73	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,460
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL AGED								

5,519 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	805	13,812	\$ 61,992.61	\$ 4.49	2.503	\$ 77.01	\$ 11.23
DURABLE MED. EQUIP.	46	180	18,206.04	101.14	.033	395.78	3.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	785.16	392.58	.000	392.58	.14
MEDICAL TRANSPORTATION	71	1,569	4,673.51	2.98	.284	65.82	.85
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	51	1,292	3,326.04	2.57	.234	65.22	.60
OTHER SERVICES	20	277	1,347.47	4.86	.050	67.37	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	125	278	3,836.69	13.80	.050	30.69	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	81.14	27.05	.001	40.57	.01
PROSTHETICS	2	3	81.14	27.05	.001	40.57	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	22	5,257.24	238.97	.004	292.07	.95
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	587	11,758		29,152.83		2.48	2.130		49.66		5.28
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	1,642	10,921	\$	230,820.19	\$	21.14	1.979	\$	140.57	\$	41.82

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,461  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	340	14,397	\$ 304,278.01	\$ 21.13	35.461	\$ 894.94	\$ 749.45
@PHYSICIANS SERVICES	82	162	\$ 9,392.88	\$ 57.98	.399	\$ 114.55	\$ 23.14
OUTPATIENT VISITS	26	35	1,463.03	41.80	.086	56.27	3.60
OFFICE VISITS	23	29	1,084.45	37.39	.071	47.15	2.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	378.58	63.10	.015	94.65	.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	249.33	49.87	.012	49.87	.61
EXAMINATIONS	5	5	249.33	49.87	.012	49.87	.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	340.65	113.55	.007	113.55	.84
PRINCIPAL SURGEON	3	3	340.65	113.55	.007	113.55	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	90.65	45.33	.005	45.33	.22
RADIOLOGY	14	16	431.68	26.98	.039	30.83	1.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	24	5,635.56	234.82	.059	1408.89	13.88
OTHER SERVICES/ALL X-OVERS	49	77	1,181.98	15.35	.190	24.12	2.91
@PHARMACY	291	11,680	\$ 97,782.42	\$ 8.37	28.768	\$ 336.02	\$ 240.84
PRESCRIPTION DRUGS	284	1,246	87,995.11	70.62	3.069	309.84	216.74
SNF/ICF	35	292	14,186.90	48.59	.719	405.34	34.94
OUTPATIENTS	251	954	73,808.21	77.37	2.350	294.06	181.79
MEDICAL SUPPLIES	67	10,434	9,787.31	.94	25.700	146.08	24.11
@DENTIST	9	32	\$ 1,020.75	\$ 31.90	.079	\$ 113.42	\$ 2.51
VISITS - DIAGNOSTIC	6	20	399.75	19.99	.049	66.63	.98
ORAL SURGERY	2	3	215.00	71.67	.007	107.50	.53
DRUGS	1	3	45.00	15.00	.007	45.00	.11
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.25
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.005	96.00	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	165.00	55.00	.007	55.00	.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,462  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	20	\$ 712.00	\$ 35.60	.049	\$ 89.00	\$ 1.75
DIAGNOSTIC AND ANC. PROCED	3	3	117.49	39.16	.007	39.16	.29
EYE APPLIANCES	6	17	594.51	34.97	.042	99.09	1.46
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.007	\$ 25.08	\$ .12
VISITS	1	1	16.72	16.72	.002	16.72	.04
OTHER SERVICES	1	2	33.44	16.72	.005	33.44	.08
@PODIATRIST	7	7	\$ 144.14	\$ 20.59	.017	\$ 20.59	\$ .36
MEDICINE/INJECTIONS	2	2	96.71	48.36	.005	48.36	.24
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	47.43	9.49	.012	9.49	.12
@HOME HEALTH AGENCY	1	1	\$ 37.43	\$ 37.43	.002	\$ 37.43	\$ .09
NURSE ANESTHESIST	2	8	175.66	21.96	.020	87.83	.43
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	74	547	\$ 38,863.20	\$ 71.05	1.347	\$ 525.18	\$ 95.72
HOSP INPATIENT TOTAL	9	40	27,248.00	681.20	.099	3027.56	67.11
HSC HOSPITALS	2	8	13,506.00	1688.25	.020	6753.00	33.27
NON-HSC HOSPITAL TOTAL	2	10	9,570.00	957.00	.025	4785.00	23.57
ACCOMMODATIONS	2	10	9,570.00	957.00	.025	4785.00	23.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.025	4785.00	23.57
ANCILLARIES	2	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.054	834.40	10.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	71	507	11,615.20	22.91	1.249	163.59	28.61
MEDICAL	20	48	2,301.18	47.94	.118	115.06	5.67
SURGERY	8	11	694.94	63.18	.027	86.87	1.71
PATHOLOGY	19	157	2,103.57	13.40	.387	110.71	5.18
RADIOLOGY	22	30	1,578.84	52.63	.074	71.77	3.89
ROOM USE	28	48	1,666.60	34.72	.118	59.52	4.10
CROSSOVERS/ALL OTH OUTPTNT	50	213	3,270.07	15.35	.525	65.40	8.05
@COUNTY HOSPITAL TOTAL	1	3	\$ 4,056.00	\$ 1352.00	.007	\$ 4056.00	\$ 9.99
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.00	1352.00	.007	4056.00	9.99
HSC HOSPITALS	1	3	4,056.00	1352.00	.007	4056.00	9.99
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	74	544	\$ 34,807.20	\$ 63.98	1.340		\$ 470.37	\$ 85.73
COMM HOSP INPATIENT TOTAL	8	37	23,192.00	626.81	.091		2899.00	57.12
HSC HOSPITALS	1	5	9,450.00	1890.00	.012		9450.00	23.28
NON-HSC HOSPITALS TOTAL	2	10	9,570.00	957.00	.025		4785.00	23.57
ACCOMMODATIONS	2	10	9,570.00	957.00	.025		4785.00	23.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	2	10	9,570.00	957.00	.025		4785.00	23.57
ANCILLARIES	2	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	5	22	4,172.00	189.64	.054		834.40	10.28
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	71	507	11,615.20	22.91	1.249		163.59	28.61
MEDICAL	20	48	2,301.18	47.94	.118		115.06	5.67
SURGERY	8	11	694.94	63.18	.027		86.87	1.71
PATHOLOGY	19	157	2,103.57	13.40	.387		110.71	5.18
RADIOLOGY	22	30	1,578.84	52.63	.074		71.77	3.89
ROOM USE	28	48	1,666.60	34.72	.118		59.52	4.10
CROSSOVERS/ALL OTH OUTPTNT	50	213	3,270.07	15.35	.525		65.40	8.05
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	34	1,057	\$ 129,441.07	\$ 122.46	2.603		\$ 3807.09	\$ 318.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	34	1,057	129,441.07	122.46	2.603		3807.09	318.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	10	33	\$ 522.77	\$ 15.84	.081		\$ 52.28	\$ 1.29
PATHOLOGY	10	33	522.77	15.84	.081		52.28	1.29
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	82	130	\$ 10,046.07	\$ 77.28	.320		\$ 122.51	\$ 24.74
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	82	130	10,046.07	77.28	.320		122.51	24.74

406 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	66	717	\$ 16,089.46	\$ 22.44	1.766		\$ 243.78	\$ 39.63



DURABLE MED. EQUIP.	3	22	6,291.15	285.96	.054	2097.05	15.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	356	5,439.22	15.28	.877	259.01	13.40
AMBULANCES/AIR TRANS	12	266	3,421.03	12.86	.655	285.09	8.43
OTHER TRANS	7	48	378.96	7.90	.118	54.14	.93
OTHER SERVICES	3	42	1,639.23	39.03	.103	546.41	4.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	31	1,595.28	51.46	.076	122.71	3.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	264.56	132.28	.005	132.28	.65

PROSTHETICS	2	2		264.56	132.28	.005	132.28	.65
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4		140.08	35.02	.010	46.69	.35
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9		55.08	6.12	.022	18.36	.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	292		2,199.09	7.53	.719	84.58	5.42
@CALIF. CHILDREN SERVICES*	17	502	\$	30,183.66	\$ 60.13	1.236	\$ 1775.51	\$ 74.34
@XOVER EXCLUDING STATE HOSP**	90	1,702	\$	18,164.64	\$ 10.67	4.192	\$ 201.83	\$ 44.74

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,465
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

22,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,228	481,239	\$ 13,416,322.10	\$ 27.88	20.942	\$ 736.03	\$ 583.83
@PHYSICIANS SERVICES	3,479	10,994	\$ 404,806.94	\$ 36.82	.478	\$ 116.36	\$ 17.62
OUTPATIENT VISITS	1,442	2,064	73,949.97	35.83	.090	51.28	3.22
OFFICE VISITS	1,324	1,855	64,173.45	34.59	.081	48.47	2.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	102	125	6,846.22	54.77	.005	67.12	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	12	48	1,817.88	37.87	.002	151.49	.08
OTHER OUTPATIENT	33	36	1,112.42	30.90	.002	33.71	.05
INPATIENT VISITS	145	564	30,575.51	54.21	.025	210.87	1.33
HOSPITAL VISITS	135	458	20,570.77	44.91	.020	152.38	.90
CRITICAL CARE	21	93	9,425.94	101.35	.004	448.85	.41
SNF/ICF/TRANS IP CARE	9	13	578.80	44.52	.001	64.31	.03
OPHTHALMOLOGICAL SERVICES	139	165	6,861.60	41.59	.007	49.36	.30
EXAMINATIONS	139	165	6,861.60	41.59	.007	49.36	.30
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	121	458	62,625.78	136.74	.020	517.57	2.73
PRINCIPAL SURGEON	106	166	55,668.79	335.35	.007	525.18	2.42
ASSISTANT SURGEON	7	7	1,497.29	213.90	.000	213.90	.07
ANESTHESIOLOGIST	17	285	5,459.70	19.16	.012	321.16	.24
OUTPATIENT SURGERY	392	782	97,621.76	124.84	.034	249.04	4.25
PRINCIPAL SURGEON	377	535	93,219.23	174.24	.023	247.27	4.06
ASSISTANT SURGEON	1	1	133.78	133.78	.000	133.78	.01
ANESTHESIOLOGIST	25	246	4,268.75	17.35	.011	170.75	.19
DIALYSIS	12	33	2,841.08	86.09	.001	236.76	.12
PATHOLOGY	421	956	14,508.89	15.18	.042	34.46	.63
RADIOLOGY	677	1,092	35,510.52	32.52	.048	52.45	1.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	54	106	10,018.48	94.51	.005	185.53	.44
OTHER SERVICES/ALL X-OVERS	1,458	4,774	70,293.35	14.72	.208	48.21	3.06
@PHARMACY	15,315	212,695	\$ 7,138,057.68	\$ 33.56	9.256	\$ 466.08	\$ 310.62
PRESCRIPTION DRUGS	15,175	64,941	6,997,712.19	107.75	2.826	461.13	304.51
SNF/ICF	120	1,119	70,564.72	63.06	.049	588.04	3.07
OUTPATIENTS	15,065	63,822	6,927,147.47	108.54	2.777	459.82	301.44
MEDICAL SUPPLIES	1,183	147,754	140,345.49	.95	6.430	118.64	6.11
@DENTIST	411	1,861	\$ 104,059.06	\$ 55.92	.081	\$ 253.19	\$ 4.53
VISITS - DIAGNOSTIC	266	752	10,712.70	14.25	.033	40.27	.47
ORAL SURGERY	94	726	40,229.37	55.41	.032	427.97	1.75

DRUGS	4	4	25.00	6.25	.000	6.25	.00
ANESTHESIA	39	39	3,800.00	97.44	.002	97.44	.17
PERIODONTICS	16	17	1,531.00	90.06	.001	95.69	.07
ENDODONTICS	8	10	2,130.00	213.00	.000	266.25	.09
RESTORATIVE DENTISTRY	97	165	11,466.00	69.49	.007	118.21	.50
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	69	133	34,164.99	256.88	.006	495.14	1.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	14	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003					PAGE	2,466
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

22,980 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	732	1,923	\$	43,556.60	\$ 22.65	.084	\$ 59.50	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	379	390		17,058.76	43.74	.017	45.01	.74
EYE APPLIANCES	574	1,509		25,153.03	16.67	.066	43.82	1.09
OTHER OPTOMETRIC SERVICES	30	24		1,344.81	56.03	.001	44.83	.06
@CHIROPRACTOR	221	462	\$	7,452.33	\$ 16.13	.020	\$ 33.72	\$ .32
VISITS	197	424		6,963.88	16.42	.018	35.35	.30
OTHER SERVICES	24	38		488.45	12.85	.002	20.35	.02
@PODIATRIST	245	395	\$	9,638.11	\$ 24.40	.017	\$ 39.34	\$ .42
MEDICINE/INJECTIONS	141	169		4,393.45	26.00	.007	31.16	.19
SURGERY/ANES.	3	4		616.16	154.04	.000	205.39	.03
RADIO./PATHOLOGY	15	26		451.52	17.37	.001	30.10	.02
OTHER	105	196		4,176.98	21.31	.009	39.78	.18
@HOME HEALTH AGENCY	116	756	\$	48,575.93	\$ 64.25	.033	\$ 418.76	\$ 2.11
NURSE ANESTHESIST	154	899	\$	14,649.79	\$ 16.30	.039	\$ 95.13	\$ .64
NURSE MIDWIFE	8	14	\$	2,588.00	\$ 184.86	.001	\$ 323.50	\$ .11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3,979	19,687	\$	3,280,739.89	\$ 166.64	.857	\$ 824.51	\$ 142.77
HOSP INPATIENT TOTAL	375	1,616		2,713,756.21	1679.30	.070	7236.68	118.09
HSC HOSPITALS	21	140		193,617.01	1382.98	.006	9219.86	8.43
NON-HSC HOSPITAL TOTAL	224	1,080		2,416,092.42	2237.12	.047	10786.13	105.14
ACCOMMODATIONS	223	1,080		813,907.90	753.62	.047	3649.81	35.42
ADMINISTRATIVE DAYS	18	78		18,041.40	231.30	.003	1002.30	.79
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	213	1,002		795,866.50	794.28	.044	3736.46	34.63
ANCILLARIES	224	0		1,602,184.52	.00	.000	7152.61	69.72
INPATIENT CROSSOVERS	133	396		104,046.78	262.74	.017	782.31	4.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,830	18,071		566,983.68	31.38	.786	148.04	24.67
MEDICAL	1,191	2,060		124,366.20	60.37	.090	104.42	5.41
SURGERY	292	383		20,830.63	54.39	.017	71.34	.91
PATHOLOGY	1,313	6,083		72,869.64	11.98	.265	55.50	3.17
RADIOLOGY	1,407	2,201		160,143.69	72.76	.096	113.82	6.97
ROOM USE	1,325	2,061		84,504.37	41.00	.090	63.78	3.68
CROSSOVERS/ALL OTH OUTPTNT	2,003	5,283		104,269.15	19.74	.230	52.06	4.54
@COUNTY HOSPITAL TOTAL	11	67	\$	9,300.18	\$ 138.81	.003	\$ 845.47	\$ .40
CO HOSPITAL INPATIENT TOTAL	3	7		7,570.01	1081.43	.000	2523.34	.33
HSC HOSPITALS	3	7		7,570.01	1081.43	.000	2523.34	.33
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	60	1,730.17	28.84	.003	192.24	.08
MEDICAL	2	3	128.95	42.98	.000	64.48	.01
SURGERY	1	1	5.81	5.81	.000	5.81	.00
PATHOLOGY	3	23	322.53	14.02	.001	107.51	.01
RADIOLOGY	1	3	382.52	127.51	.000	382.52	.02
ROOM USE	5	8	282.12	35.27	.000	56.42	.01
CROSSOVERS/ALL OTH OUTPTNT	6	22	608.24	27.65	.001	101.37	.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,467  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

	22,980 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,974	19,620	\$	3,271,439.71	\$ 166.74	.854	\$ 823.21	\$ 142.36
COMM HOSP INPATIENT TOTAL	373	1,609		2,706,186.20	1681.91	.070	7255.19	117.76
HSC HOSPITALS	18	133		186,047.00	1398.85	.006	10335.94	8.10
NON-HSC HOSPITALS TOTAL	224	1,080		2,416,092.42	2237.12	.047	10786.13	105.14
ACCOMMODATIONS	223	1,080		813,907.90	753.62	.047	3649.81	35.42
ADMINISTRATIVE DAYS	18	78		18,041.40	231.30	.003	1002.30	.79
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	213	1,002		795,866.50	794.28	.044	3736.46	34.63
ANCILLARIES	224	0		1,602,184.52	.00	.000	7152.61	69.72
INPATIENT CROSSOVERS	133	396		104,046.78	262.74	.017	782.31	4.53
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,825	18,011		565,253.51	31.38	.784	147.78	24.60
MEDICAL	1,189	2,057		124,237.25	60.40	.090	104.49	5.41
SURGERY	292	382		20,824.82	54.52	.017	71.32	.91
PATHOLOGY	1,311	6,060		72,547.11	11.97	.264	55.34	3.16
RADIOLOGY	1,407	2,198		159,761.17	72.68	.096	113.55	6.95
ROOM USE	1,322	2,053		84,222.25	41.02	.089	63.71	3.67
CROSSOVERS/ALL OTH OUTPTNT	1,999	5,261		103,660.91	19.70	.229	51.86	4.51
@STATE HOSPITAL	7	285	\$	139,288.43	\$ 488.73	.012	\$ 19898.35	\$ 6.06
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285		139,288.43	488.73	.012	19898.35	6.06
@NURSING FACILITY	83	2,532	\$	320,152.75	\$ 126.44	.110	\$ 3857.26	\$ 13.93
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40		22,126.00	553.15	.002	22126.00	.96
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	82	2,492		298,026.75	119.59	.108	3634.47	12.97
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	55	1,615	\$	64,086.86	\$ 39.68	.070	\$ 1165.22	\$ 2.79
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	1,615		64,086.86	39.68	.070	1165.22	2.79
@REHABILITATION FACILITY	34	207	\$	5,251.05	\$ 25.37	.009	\$ 154.44	\$ .23
HOSPITAL BASED	34	207		5,251.05	25.37	.009	154.44	.23
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,511	5,565	\$	76,203.48	\$ 13.69	.242	\$ 50.43	\$ 3.32
PATHOLOGY	1,506	5,548		76,064.51	13.71	.241	50.51	3.31
XO AND OTHERS	5	17		138.97	8.17	.001	27.79	.01
@ORGANIZED OUTPATIENT CLINIC	7,378	12,415	\$	1,130,175.67	\$ 91.03	.540	\$ 153.18	\$ 49.18
CLINIC	17	44		1,596.69	36.29	.002	93.92	.07

SURGICENTER	0	0	85.00CR	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,368	12,371	1,128,663.98	91.23	.538	153.18	49.12

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 2,468 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,980 ELIGIBLES							
@ALL OTHER PROVIDERS	2,833	208,934	\$ 627,039.53	\$ 3.00	9.092	\$ 221.33	\$ 27.29
DURABLE MED. EQUIP.	226	574	139,371.67	242.81	.025	616.69	6.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	1,717.74	156.16	.000	245.39	.07
MEDICAL TRANSPORTATION	582	102,585	264,509.53	2.58	4.464	454.48	11.51
AMBULANCES/AIR TRANS	460	8,847	99,969.85	11.30	.385	217.33	4.35
OTHER TRANS	96	93,439	140,196.35	1.50	4.066	1460.38	6.10
OTHER SERVICES	50	299	24,343.33	81.42	.013	486.87	1.06
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.011	1448.85	.76
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	12	59	9,419.59	159.65	.003	784.97	.41
OCCUPATIONAL THERAPIST	2	16	304.48	19.03	.001	152.24	.01
OPTICIAN	654	1,490	18,581.39	12.47	.065	28.41	.81
PHYSICAL THERAPIST	204	1,712	26,692.16	15.59	.074	130.84	1.16
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	45	150	18,768.10	125.12	.007	417.07	.82
PROSTHETICS	45	150	18,768.10	125.12	.007	417.07	.82
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	51	5,283.87	103.61	.002	182.20	.23
HOSPICE SERVICES	0	0	310.78	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	304	7,396	58,003.75	7.84	.322	190.80	2.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	965	94,629	65,807.01	.70	4.118	68.19	2.86
@CALIF. CHILDREN SERVICES*	99	4,840	\$ 180,127.68	\$ 37.22	.211	\$ 1819.47	\$ 7.84
@XOVER EXCLUDING STATE HOSP**	2,426	24,286	\$ 269,112.63	\$ 11.08	1.057	\$ 110.93	\$ 11.71

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL FAMILIES

PAGE 2,469 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
56,517 ELIGIBLES							
@TOTAL, ALL PROVIDERS	26,125	146,771	\$ 8,342,449.62	\$ 56.84	2.597	\$ 319.33	\$ 147.61
@PHYSICIANS SERVICES	3,457	7,648	\$ 373,410.20	\$ 48.82	.135	\$ 108.02	\$ 6.61
OUTPATIENT VISITS	1,704	2,278	80,776.33	35.46	.040	47.40	1.43
OFFICE VISITS	1,505	1,966	66,542.92	33.85	.035	44.21	1.18
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	143	160	8,411.41	52.57	.003	58.82	.15
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRI PERI	32	85	3,163.41	37.22	.002	98.86	.06
OTHER OUTPATIENT	59	65	2,576.27	39.63	.001	43.67	.05
INPATIENT VISITS	158	467	28,833.47	61.74	.008	182.49	.51
HOSPITAL VISITS	149	399	21,040.19	52.73	.007	141.21	.37
CRITICAL CARE	16	67	7,758.10	115.79	.001	484.88	.14

SNF/ICF/TRANS IP CARE	1	1	35.18	35.18	.000	35.18	.00
OPHTHALMOLOGICAL SERVICES	62	72	3,007.14	41.77	.001	48.50	.05
EXAMINATIONS	62	72	3,007.14	41.77	.001	48.50	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	149	622	70,887.53	113.97	.011	475.76	1.25
PRINCIPAL SURGEON	114	140	58,342.51	416.73	.002	511.78	1.03
ASSISTANT SURGEON	14	14	2,724.29	194.59	.000	194.59	.05
ANESTHESIOLOGIST	34	468	9,820.73	20.98	.008	288.85	.17
OUTPATIENT SURGERY	514	967	100,800.48	104.24	.017	196.11	1.78
PRINCIPAL SURGEON	493	716	95,548.26	133.45	.013	193.81	1.69
ASSISTANT SURGEON	2	2	308.82	154.41	.000	154.41	.01
ANESTHESIOLOGIST	28	249	4,943.40	19.85	.004	176.55	.09
DIALYSIS	8	12	2,011.82	167.65	.000	251.48	.04
PATHOLOGY	350	546	12,244.95	22.43	.010	34.99	.22
RADIOLOGY	1,015	1,377	37,366.12	27.14	.024	36.81	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	40	69		2,105.68	30.52	.001	52.64	.04
OTHER SERVICES/ALL X-OVERS	678	1,238		35,376.68	28.58	.022	52.18	.63
@PHARMACY	13,825	48,571	\$	1,914,148.53	\$ 39.41	.859	\$ 138.46	\$ 33.87
PRESCRIPTION DRUGS	13,753	33,149		1,887,819.89	56.95	.587	137.27	33.40
SNF/ICF	2	3		215.39	71.80	.000	107.70	.00
OUTPATIENTS	13,751	33,146		1,887,604.50	56.95	.586	137.27	33.40
MEDICAL SUPPLIES	241	15,422		26,328.64	1.71	.273	109.25	.47
@DENTIST	652	3,953	\$	151,574.91	\$ 38.34	.070	\$ 232.48	\$ 2.68
VISITS - DIAGNOSTIC	521	2,051		33,409.75	16.29	.036	64.13	.59
ORAL SURGERY	150	748		47,301.00	63.24	.013	315.34	.84
DRUGS	2	3		55.00	18.33	.000	27.50	.00
ANESTHESIA	49	53		4,900.00	92.45	.001	100.00	.09
PERIODONTICS	2	2		110.00	55.00	.000	55.00	.00
ENDODONTICS	55	125		9,087.00	72.70	.002	165.22	.16
RESTORATIVE DENTISTRY	244	873		45,205.00	51.78	.015	185.27	.80
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	22	43		10,487.16	243.89	.001	476.69	.19
SPACE MAINTAINERS	1	1		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	10	10		500.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	12	12		385.00	32.08	.000	32.08	.01
ALL OTHER SERVICES	23	30		75.00	2.50	.001	3.26	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							
								PAGE 2,470
								01/29/04

56,517 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	872	2,271	\$	54,265.09	\$ 23.89	.040	\$ 62.23	\$ .96
DIAGNOSTIC AND ANC. PROCED	653	656		30,213.98	46.06	.012	46.27	.53
EYE APPLIANCES	593	1,612		23,990.20	14.88	.029	40.46	.42
OTHER OPTOMETRIC SERVICES	3	3		60.91	20.30	.000	20.30	.00
@CHIROPRACTOR	377	700	\$	11,637.12	\$ 16.62	.012	\$ 30.87	\$ .21
VISITS	376	698		11,620.40	16.65	.012	30.91	.21
OTHER SERVICES	1	2		16.72	8.36	.000	16.72	.00
@PODIATRIST	102	166	\$	6,850.90	\$ 41.27	.003	\$ 67.17	\$ .12
MEDICINE/INJECTIONS	90	104		3,239.91	31.15	.002	36.00	.06
SURGERY/ANES.	5	7		1,086.00	155.14	.000	217.20	.02
RADIO./PATHOLOGY	19	32		538.02	16.81	.001	28.32	.01
OTHER	12	23		1,986.97	86.39	.000	165.58	.04
@HOME HEALTH AGENCY	19	105	\$	7,434.51	\$ 70.80	.002	\$ 391.29	\$ .13
NURSE ANESTHESIST	361	1,815	\$	34,831.04	\$ 19.19	.032	\$ 96.48	\$ .62
NURSE MIDWIFE	150	312	\$	55,969.01	\$ 179.39	.006	\$ 373.13	\$ .99
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6,104	33,735	\$	3,005,422.05	\$ 89.09	.597	\$ 492.37	\$ 53.18
HOSP INPATIENT TOTAL	337	1,355		1,988,301.74	1467.38	.024	5900.01	35.18
HSC HOSPITALS	19	144		225,716.02	1567.47	.003	11879.79	3.99
NON-HSC HOSPITAL TOTAL	316	1,191		1,760,905.72	1478.51	.021	5572.49	31.16
ACCOMMODATIONS	316	1,191		796,932.60	669.13	.021	2521.94	14.10
ADMINISTRATIVE DAYS	5	13		3,006.90	231.30	.000	601.38	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	315	1,178		793,925.70	673.96	.021	2520.40	14.05
ANCILLARIES	316	0		963,973.12	.00	.000	3050.55	17.06
INPATIENT CROSSOVERS	2	20		1,680.00	84.00	.000	840.00	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,951	32,380		1,017,120.31	31.41	.573	170.92	18.00
MEDICAL	2,822	3,792		218,034.44	57.50	.067	77.26	3.86
SURGERY	643	820		46,126.52	56.25	.015	71.74	.82
PATHOLOGY	2,185	8,750		111,248.89	12.71	.155	50.91	1.97

RADIOLOGY	2,213	2,926	176,821.34	60.43	.052	79.90	3.13
ROOM USE	3,732	5,489	207,731.31	37.85	.097	55.66	3.68
CROSSOVERS/ALL OTH OUTPTNT	3,023	10,603	257,157.81	24.25	.188	85.07	4.55
@COUNTY HOSPITAL TOTAL	2	5	\$ 195.03	\$ 39.01	.000	\$ 97.52	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	195.03	39.01	.000	97.52	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.63	5.63	.000	5.63	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	119.00	39.67	.000	119.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	70.40	70.40	.000	70.40	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,471
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	56,517 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,102	33,730	\$ 3,005,227.02	\$ 89.10	.597	\$ 492.50	\$ 53.17	
COMM HOSP INPATIENT TOTAL	337	1,355	1,988,301.74	1467.38	.024	5900.01	35.18	
HSC HOSPITALS	19	144	225,716.02	1567.47	.003	11879.79	3.99	
NON-HSC HOSPITALS TOTAL	316	1,191	1,760,905.72	1478.51	.021	5572.49	31.16	
ACCOMMODATIONS	316	1,191	796,932.60	669.13	.021	2521.94	14.10	
ADMINISTRATIVE DAYS	5	13	3,006.90	231.30	.000	601.38	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	315	1,178	793,925.70	673.96	.021	2520.40	14.05	
ANCILLARIES	316	0	963,973.12	.00	.000	3050.55	17.06	
INPATIENT CROSSOVERS	2	20	1,680.00	84.00	.000	840.00	.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,949	32,375	1,016,925.28	31.41	.573	170.94	17.99	
MEDICAL	2,822	3,792	218,034.44	57.50	.067	77.26	3.86	
SURGERY	643	820	46,126.52	56.25	.015	71.74	.82	
PATHOLOGY	2,184	8,749	111,243.26	12.71	.155	50.94	1.97	
RADIOLOGY	2,213	2,926	176,821.34	60.43	.052	79.90	3.13	
ROOM USE	3,731	5,486	207,612.31	37.84	.097	55.65	3.67	
CROSSOVERS/ALL OTH OUTPTNT	3,022	10,602	257,087.41	24.25	.188	85.07	4.55	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	8	307	\$ 17,662.94	\$ 57.53	.005	\$ 2207.87	\$ .31	



HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	307	17,662.94	57.53	.005	2207.87	.31
@REHABILITATION FACILITY	42	369	\$ 9,522.62	\$ 25.81	.007	\$ 226.73	\$ .17
HOSPITAL BASED	42	369	9,522.62	25.81	.007	226.73	.17
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,897	5,692	\$ 90,315.00	\$ 15.87	.101	\$ 47.61	\$ 1.60
PATHOLOGY	1,897	5,692	90,315.00	15.87	.101	47.61	1.60
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,893	20,606	\$ 2,360,717.23	\$ 114.56	.365	\$ 169.92	\$ 41.77
CLINIC	62	276	12,472.94	45.19	.005	201.18	.22
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13,846	20,330	2,348,244.29	115.51	.360	169.60	41.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,472
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

56,517 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,191	20,521	\$ 248,688.47	\$ 12.12	.363	\$ 113.50	\$ 4.40
DURABLE MED. EQUIP.	93	173	19,845.66	114.71	.003	213.39	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	331	5,515	102,097.59	18.51	.098	308.45	1.81
AMBULANCES/AIR TRANS	327	5,485	69,583.27	12.69	.097	212.79	1.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	27	30	32,514.32	1083.81	.001	1204.23	.58
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	114	114	11,812.50	103.62	.002	103.62	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	6	58	831.12	14.33	.001	138.52	.01
OPTICIAN	554	1,192	10,878.00	9.13	.021	19.64	.19
PHYSICAL THERAPIST	157	1,197	19,043.92	15.91	.021	121.30	.34
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	45	4,894.27	108.76	.001	203.93	.09
PROSTHETICS	24	44	4,805.58	109.22	.001	200.23	.09
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	70	171	7,676.65	44.89	.003	109.67	.14
HOSPICE SERVICES	0	0	246.35	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	830	6,527	61,539.08	9.43	.115	74.14	1.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	5,528	9,796.30	1.77	.098	160.60	.17
@CALIF. CHILDREN SERVICES*	115	618	\$ 289,164.37	\$ 467.90	.011	\$ 2514.47	\$ 5.12
@XOVER EXCLUDING STATE HOSP**	48	160	\$ 4,773.97	\$ 29.84	.003	\$ 99.46	\$ .08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,473
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

2,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,139	5,489	\$ 341,918.21	\$ 62.29	2.228	\$ 300.19	\$ 138.77
@PHYSICIANS SERVICES	163	343	\$ 16,408.02	\$ 47.84	.139	\$ 100.66	\$ 6.66

OUTPATIENT VISITS	91	118		4,013.45		34.01	.048	44.10	1.63
OFFICE VISITS	66	79		2,762.18		34.96	.032	41.85	1.12
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	10	11		477.44		43.40	.004	47.74	.19
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	17		322.46		18.97	.007	80.62	.13
OTHER OUTPATIENT	11	11		451.37		41.03	.004	41.03	.18
INPATIENT VISITS	12	37		1,922.22		51.95	.015	160.19	.78
HOSPITAL VISITS	5	27		1,573.70		58.29	.011	314.74	.64
CRITICAL CARE	1	2		128.52		64.26	.001	128.52	.05
SNF/ICF/TRANS IP CARE	7	8		220.00		27.50	.003	31.43	.09
OPHTHALMOLOGICAL SERVICES	3	3		83.59		27.86	.001	27.86	.03
EXAMINATIONS	3	3		83.59		27.86	.001	27.86	.03
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	8		3,950.48		493.81	.003	493.81	1.60
PRINCIPAL SURGEON	8	8		3,950.48		493.81	.003	493.81	1.60
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	21	41		3,225.97		78.68	.017	153.62	1.31
PRINCIPAL SURGEON	21	32		3,036.55		94.89	.013	144.60	1.23
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		189.42		21.05	.004	189.42	.08
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	16	24		548.22		22.84	.010	34.26	.22
RADIOLOGY	33	48		921.63		19.20	.019	27.93	.37
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	29	64		1,742.46		27.23	.026	60.08	.71
@PHARMACY	536	1,285	\$	64,402.13	\$	50.12	.522	120.15	26.14
PRESCRIPTION DRUGS	530	1,231		61,813.64		50.21	.500	116.63	25.09
SNF/ICF	18	122		8,177.49		67.03	.050	454.31	3.32
OUTPATIENTS	514	1,109		53,636.15		48.36	.450	104.35	21.77
MEDICAL SUPPLIES	14	54		2,588.49		47.94	.022	184.89	1.05
@DENTIST	30	126	\$	3,207.57	\$	25.46	.051	106.92	1.30
VISITS - DIAGNOSTIC	25	90		1,342.00		14.91	.037	53.68	.54
ORAL SURGERY	2	3		128.00		42.67	.001	64.00	.05
DRUGS	3	3		75.00		25.00	.001	25.00	.03
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	19		754.00		39.68	.008	75.40	.31
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.003	288.00	.12
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	4		620.57		155.14	.002	620.57	.25
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PAGE 2,474 01/29/04

	2,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	89	\$	2,014.02	\$ 22.63	.036	\$ 57.54	\$ .82
DIAGNOSTIC AND ANC. PROCED	24	24		1,113.94	46.41	.010	46.41	.45
EYE APPLIANCES	25	65		900.08	13.85	.026	36.00	.37
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	8	10	\$	167.20	\$ 16.72	.004	\$ 20.90	\$ .07
VISITS	8	10		167.20	16.72	.004	20.90	.07

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	11	70	\$	1,199.07	\$	17.13	.028	\$	109.01	\$
NURSE MIDWIFE	3	8	\$	736.65	\$	92.08	.003	\$	245.55	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	282	1,415	\$	122,009.55	\$	86.23	.574	\$	432.66	\$
HOSP INPATIENT TOTAL	11	53		84,343.59		1591.39	.022		7667.60	
HSC HOSPITALS	1	11		18,150.00		1650.00	.004		18150.00	
NON-HSC HOSPITAL TOTAL	10	42		66,193.59		1576.04	.017		6619.36	
ACCOMMODATIONS	10	42		30,459.72		725.23	.017		3045.97	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	30,459.72	725.23	.017	3045.97	12.36
ANCILLARIES	10	0	35,733.87	.00	.000	3573.39	14.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	275	1,362	37,665.96	27.65	.553	136.97	15.29
MEDICAL	117	150	8,741.24	58.27	.061	74.71	3.55
SURGERY	27	34	1,971.77	57.99	.014	73.03	.80
PATHOLOGY	138	575	7,569.24	13.16	.233	54.85	3.07
RADIOLOGY	80	97	4,206.83	43.37	.039	52.59	1.71
ROOM USE	150	193	6,939.70	35.96	.078	46.26	2.82
CROSSOVERS/ALL OTH OUTPTNT	104	313	8,237.18	26.32	.127	79.20	3.34
@COUNTY HOSPITAL TOTAL	1	1	\$ 34.21	\$ 34.21	.000	\$ 34.21	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	34.21	34.21	.000	34.21	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,475  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	2,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	281	1,414	\$	121,975.34	\$ 86.26	.574	\$ 434.08	\$ 49.50
COMM HOSP INPATIENT TOTAL	11	53		84,343.59	1591.39	.022	7667.60	34.23
HSC HOSPITALS	1	11		18,150.00	1650.00	.004	18150.00	7.37
NON-HSC HOSPITALS TOTAL	10	42		66,193.59	1576.04	.017	6619.36	26.86
ACCOMMODATIONS	10	42		30,459.72	725.23	.017	3045.97	12.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42		30,459.72	725.23	.017	3045.97	12.36
ANCILLARIES	10	0		35,733.87	.00	.000	3573.39	14.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	274	1,361		37,631.75	27.65	.552	137.34	15.27
MEDICAL	117	150		8,741.24	58.27	.061	74.71	3.55
SURGERY	27	34		1,971.77	57.99	.014	73.03	.80
PATHOLOGY	138	575		7,569.24	13.16	.233	54.85	3.07
RADIOLOGY	80	97		4,206.83	43.37	.039	52.59	1.71
ROOM USE	149	192		6,905.49	35.97	.078	46.35	2.80
CROSSOVERS/ALL OTH OUTPTNT	104	313		8,237.18	26.32	.127	79.20	3.34
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	13	340	\$	34,833.12	\$ 102.45	.138	\$ 2679.47	\$ 14.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	340	34,833.12	102.45	.138	2679.47	14.14
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	73	205	\$ 3,602.13	\$ 17.57	.083	\$ 49.34	\$ 1.46
PATHOLOGY	73	205	3,602.13	17.57	.083	49.34	1.46
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	536	784	\$ 83,059.04	\$ 105.94	.318	\$ 154.96	\$ 33.71
CLINIC	2	5	300.30	60.06	.002	150.15	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	534	779	82,758.74	106.24	.316	154.98	33.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,476
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	2,464 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	82	814	\$	10,279.71	\$ 12.63	.330	\$ 125.36	\$ 4.17
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	22	195		4,179.01	21.43	.079	189.96	1.70
AMBULANCES/AIR TRANS	22	194		2,904.01	14.97	.079	132.00	1.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,275.00	1275.00	.000	1275.00	.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7		735.00	105.00	.003	105.00	.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	27	60		530.00	8.83	.024	19.63	.22
PHYSICAL THERAPIST	3	6		121.63	20.27	.002	40.54	.05
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2		90.06	45.03	.001	.00	.04
PROSTHETICS	0	2		90.06	45.03	.001	.00	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		288.97	48.16	.002	96.32	.12
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	528		4,087.33	7.74	.214	185.79	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	10		247.71	24.77	.004	247.71	.10
@CALIF. CHILDREN SERVICES*	22	117	\$	24,623.17	\$ 210.45	.047	\$ 1119.24	\$ 9.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS

PAGE 2,477  
01/29/04

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
@PHYSICIANS SERVICES	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
OFFICE VISITS	0		0	.00	.00	.000	.00	.00		
HOME VISITS	0		0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00		
CRITICAL CARE	0		0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00		
EXAMINATIONS	0		0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
DIALYSIS	0		0	.00	.00	.000	.00	.00		
PATHOLOGY	0		0	.00	.00	.000	.00	.00		
RADIOLOGY	0		0	.00	.00	.000	.00	.00		
PSYCHIATRY	0		0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00		
@PHARMACY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00		
SNF/ICF	0		0	.00	.00	.000	.00	.00		
OUTPATIENTS	0		0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00		
@DENTIST	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00		
ORAL SURGERY	0		0	.00	.00	.000	.00	.00		
DRUGS	0		0	.00	.00	.000	.00	.00		
ANESTHESIA	0		0	.00	.00	.000	.00	.00		
PERIODONTICS	0		0	.00	.00	.000	.00	.00		
ENDODONTICS	0		0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00		
PROSTHETICS	0		0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00		

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL

PAGE 2,478  
01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

PAGE 2,479  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,480  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,481
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,482
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73						
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,483
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,484

MOP024	FEE-FOR-SERVICE/DENTAL				01/29/04			
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION				AID CODES 73			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,485

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

DEL NORTE COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,486  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,487  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,488  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,489
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138	1,366	\$ 158,112.47	\$ 115.75	3.959	\$ 1145.74	\$ 458.30
@PHYSICIANS SERVICES	26	82	\$ 4,835.30	\$ 58.97	.238	\$ 185.97	\$ 14.02
OUTPATIENT VISITS	4	9	574.21	63.80	.026	143.55	1.66
OFFICE VISITS	1	1	81.40	81.40	.003	81.40	.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	7	447.05	63.86	.020	223.53	1.30
OTHER OUTPATIENT	1	1	45.76	45.76	.003	45.76	.13
INPATIENT VISITS	9	23	889.12	38.66	.067	98.79	2.58
HOSPITAL VISITS	9	23	889.12	38.66	.067	98.79	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	17	1,746.92	102.76	.049	582.31	5.06
PRINCIPAL SURGEON	3	4	1,558.91	389.73	.012	519.64	4.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	188.01	14.46	.038	188.01	.54
OUTPATIENT SURGERY	3	4	313.45	78.36	.012	104.48	.91
PRINCIPAL SURGEON	3	4	313.45	78.36	.012	104.48	.91

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	2	2		450.08	225.04	.006	225.04	1.30
PATHOLOGY	5	5		242.25	48.45	.014	48.45	.70
RADIOLOGY	9	14		302.39	21.60	.041	33.60	.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	8		316.88	39.61	.023	79.22	.92
@PHARMACY	39	79	\$	2,003.59	\$ 25.36	.229	\$ 51.37	\$ 5.81
PRESCRIPTION DRUGS	38	71		1,490.41	20.99	.206	39.22	4.32
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	38	71		1,490.41	20.99	.206	39.22	4.32
MEDICAL SUPPLIES	3	8		513.18	64.15	.023	171.06	1.49
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,490  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	5	24	\$ 553.61	\$ 23.07	.070	\$ 110.72	\$ 1.60
NURSE MIDWIFE	13	28	\$ 4,876.02	\$ 174.14	.081	\$ 375.08	\$ 14.13
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	94	859	\$ 136,788.00	\$ 159.24	2.490	\$ 1455.19	\$ 396.49
HOSP INPATIENT TOTAL	16	64	112,466.85	1757.29	.186	7029.18	325.99
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	16	64	112,466.85	1757.29	.186	7029.18	325.99
ACCOMMODATIONS	16	64	40,976.94	640.26	.186	2561.06	118.77
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.003	231.30	.67
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	63	40,745.64	646.76	.183	2546.60	118.10
ANCILLARIES	16	0	71,489.91	.00	.000	4468.12	207.22

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	795	24,321.15	30.59	2.304	267.27	70.50
MEDICAL	19	27	1,687.80	62.51	.078	88.83	4.89
SURGERY	9	8	517.81	64.73	.023	57.53	1.50
PATHOLOGY	45	234	2,794.88	11.94	.678	62.11	8.10
RADIOLOGY	26	31	1,761.30	56.82	.090	67.74	5.11
ROOM USE	65	117	4,133.06	35.33	.339	63.59	11.98
CROSSOVERS/ALL OTH OUTPTNT	66	378	13,426.30	35.52	1.096	203.43	38.92
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,491
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	859	\$	136,788.00	\$ 159.24	2.490	\$ 1455.19	\$ 396.49
COMM HOSP INPATIENT TOTAL	16	64		112,466.85	1757.29	.186	7029.18	325.99
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	16	64		112,466.85	1757.29	.186	7029.18	325.99
ACCOMMODATIONS	16	64		40,976.94	640.26	.186	2561.06	118.77
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.003	231.30	.67
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	63		40,745.64	646.76	.183	2546.60	118.10
ANCILLARIES	16	0		71,489.91	.00	.000	4468.12	207.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	795		24,321.15	30.59	2.304	267.27	70.50
MEDICAL	19	27		1,687.80	62.51	.078	88.83	4.89
SURGERY	9	8		517.81	64.73	.023	57.53	1.50
PATHOLOGY	45	234		2,794.88	11.94	.678	62.11	8.10
RADIOLOGY	26	31		1,761.30	56.82	.090	67.74	5.11
ROOM USE	65	117		4,133.06	35.33	.339	63.59	11.98
CROSSOVERS/ALL OTH OUTPTNT	66	378		13,426.30	35.52	1.096	203.43	38.92
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	64	\$	1,227.14	\$	19.17	.186	\$ 613.57	\$ 3.56
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	64		1,227.14		19.17	.186	613.57	3.56
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	16	32	\$	649.69	\$	20.30	.093	\$ 40.61	\$ 1.88
PATHOLOGY	16	32		649.69		20.30	.093	40.61	1.88
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	13	\$	1,386.58	\$	106.66	.038	\$ 138.66	\$ 4.02
CLINIC	1	1		35.00		35.00	.003	35.00	.10
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	12		1,351.58		112.63	.035	150.18	3.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,492
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

	345 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	185	\$	5,792.54	\$ 31.31	.536	\$ 386.17	\$ 16.79
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	176		4,847.54	27.54	.510	807.92	14.05
AMBULANCES/AIR TRANS	6	174		2,297.54	13.20	.504	382.92	6.66
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		2,550.00	1275.00	.006	1275.00	7.39
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		945.00	105.00	.026	105.00	2.74
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,493
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

## DEL NORTE COUNTY

## SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2	2	\$ 185.03	\$ 92.52	1.000	\$ 92.52	\$ 92.52
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 2,494

01/29/04

AID CODES 01 02 08 0A

02 ELIGIBLES

USERS

UNITS OF SERVICE  
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST  
PER UNIT/DAYMONTHLY AVERAGE  
UNITS/DAYS  
PER ELIGCOST PER  
USERCOST PER  
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,495
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR REFUGEES										AID CODES 01 02 08 0A

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	.00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00



CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	185.03	\$	92.52	1.000	\$	92.52	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	2	2		185.03		92.52	1.000		92.52	
#CALIF DEPT OF HEALTH SERV										
MOP024										
DEL NORTE COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR REFUGEES

PAGE 2,496  
 01/29/04

02 ELIGIBLES			USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
						AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,497
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50	351	\$ 48,428.15	\$ 137.97	12.103	\$ 968.56	\$ 1669.94
@PHYSICIANS SERVICES	25	99	\$ 7,728.24	\$ 78.06	3.414	\$ 309.13	\$ 266.49
OUTPATIENT VISITS	16	17	565.26	33.25	.586	35.33	19.49
OFFICE VISITS	15	16	519.50	32.47	.552	34.63	17.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.034	45.76	1.58
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	30	2,547.17	84.91	1.034	849.06	87.83
PRINCIPAL SURGEON	2	2	2,091.56	1045.78	.069	1045.78	72.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	28	455.61	16.27	.966	455.61	15.71
OUTPATIENT SURGERY	5	10	1,405.92	140.59	.345	281.18	48.48
PRINCIPAL SURGEON	5	10	1,405.92	140.59	.345	281.18	48.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	26	777.42	29.90	.897	86.38	26.81
RADIOLOGY	6	12	2,212.78	184.40	.414	368.80	76.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	192.37	192.37	.034	192.37	6.63
OTHER SERVICES/ALL X-OVERS	3	3	27.32	9.11	.103	9.11	.94
@PHARMACY	20	58	\$ 10,880.47	\$ 187.59	2.000	\$ 544.02	\$ 375.19
PRESCRIPTION DRUGS	20	58	10,880.47	187.59	2.000	544.02	375.19
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	20	58	10,880.47	187.59	2.000	544.02	375.19
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	27	\$ 1,343.00	\$ 49.74	.931	\$ 335.75	\$ 46.31
VISITS - DIAGNOSTIC	2	14	147.00	10.50	.483	73.50	5.07
ORAL SURGERY	1	1	.00	.00	.034	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	520.00	260.00	.069	520.00	17.93
RESTORATIVE DENTISTRY	2	3	388.00	129.33	.103	194.00	13.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.241	288.00	9.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,498  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      BCCTP-FEDERAL      AID CODES 0M 0N 0P

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 90.30	\$ 22.58	.138	\$ 45.15	\$ 3.11
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.034	47.45	1.64
EYE APPLIANCES	1	3	42.85	14.28	.103	42.85	1.48
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.034	\$ 16.72	\$ .58
VISITS	1	1	16.72	16.72	.034	16.72	.58
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.069	\$ 104.99	\$ 3.62
NURSE ANESTHESIST	4	29	\$ 463.60	\$ 15.99	1.000	\$ 115.90	\$ 15.99
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	17	83	\$ 25,996.53	\$ 313.21	2.862	\$ 1529.21	\$ 896.43
HOSP INPATIENT TOTAL	3	7	23,350.87	3335.84	.241	7783.62	805.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	7	23,350.87	3335.84	.241	7783.62	805.20
ACCOMMODATIONS	3	7	3,452.86	493.27	.241	1150.95	119.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	3,452.86	493.27	.241	1150.95	119.06
ANCILLARIES	3	0	19,898.01	.00	.000	6632.67	686.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	76	2,645.66	34.81	2.621	165.35	91.23
MEDICAL	5	10	221.94	22.19	.345	44.39	7.65
SURGERY	4	4	162.41	40.60	.138	40.60	5.60
PATHOLOGY	6	20	449.09	22.45	.690	74.85	15.49
RADIOLOGY	9	13	983.36	75.64	.448	109.26	33.91
ROOM USE	4	11	628.32	57.12	.379	157.08	21.67
CROSSOVERS/ALL OTH OUTPTNT	5	18	200.54	11.14	.621	40.11	6.92
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,499  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

	29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	83	\$	25,996.53	\$ 313.21	2.862	\$ 1529.21	\$ 896.43
COMM HOSP INPATIENT TOTAL	3	7		23,350.87	3335.84	.241	7783.62	805.20
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	7		23,350.87	3335.84	.241	7783.62	805.20
ACCOMMODATIONS	3	7		3,452.86	493.27	.241	1150.95	119.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	7		3,452.86	493.27	.241	1150.95	119.06
ANCILLARIES	3	0		19,898.01	.00	.000	6632.67	686.14
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	76		2,645.66	34.81	2.621	165.35	91.23
MEDICAL	5	10		221.94	22.19	.345	44.39	7.65
SURGERY	4	4		162.41	40.60	.138	40.60	5.60
PATHOLOGY	6	20		449.09	22.45	.690	74.85	15.49
RADIOLOGY	9	13		983.36	75.64	.448	109.26	33.91
ROOM USE	4	11		628.32	57.12	.379	157.08	21.67
CROSSOVERS/ALL OTH OUTPTNT	5	18		200.54	11.14	.621	40.11	6.92
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	8	\$	52.63	6.58	.276	13.16	1.81
PATHOLOGY	4	8		52.63	6.58	.276	13.16	1.81
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	1,007.38	143.91	.241	201.48	34.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		1,007.38	143.91	.241	201.48	34.74

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

PAGE 2,500  
01/29/04

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	33	\$ 744.29	\$ 22.55	1.138	\$ 124.05	\$ 25.67
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6	161.13	26.86	.207	161.13	5.56
AMBULANCES/AIR TRANS	1	6	161.13	26.86	.207	161.13	5.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.66	13.17	.138	26.33	1.82
PHYSICAL THERAPIST	3	20	280.50	14.03	.690	93.50	9.67

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	250.00	83.33	.103	250.00	8.62
PROSTHETICS	1	3	250.00	83.33	.103	250.00	8.62
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,501
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STATE-ONLY	AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26	77	\$ 4,928.75	\$ 64.01	4.053	\$ 189.57	\$ 259.41
@PHYSICIANS SERVICES	3	3	\$ 226.20	\$ 75.40	.158	\$ 75.40	\$ 11.91
OUTPATIENT VISITS	1	1	37.50	37.50	.053	37.50	1.97
OFFICE VISITS	1	1	37.50	37.50	.053	37.50	1.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	164.70	164.70	.053	164.70	8.67
PRINCIPAL SURGEON	1	1	164.70	164.70	.053	164.70	8.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	24.00	24.00	.053	24.00	1.26
@PHARMACY	21	44	\$ 3,894.54	\$ 88.51	2.316	\$ 185.45	\$ 204.98
PRESCRIPTION DRUGS	21	44	3,894.54	88.51	2.316	185.45	204.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	21	44	3,894.54	88.51	2.316	185.45	204.98
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,502  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
@TOTAL HOSPITAL	3	10	\$ 379.10	\$ 37.91	.526 \$ 126.37 \$ 19.95
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	3	10	379.10	37.91	.526 126.37 19.95
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	1	1	55.71	55.71	.053 55.71 2.93
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	1	3	224.05	74.68	.158 224.05 11.79
CROSSOVERS/ALL OTH OUTPTNT	3	6	99.34	16.56	.316 33.11 5.23
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,503  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 379.10	\$ 37.91	.526	\$ 126.37	\$ 19.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	379.10	37.91	.526	126.37	19.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	55.71	55.71	.053	55.71	2.93
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	224.05	74.68	.158	224.05	11.79
CROSSOVERS/ALL OTH OUTPTNT	3	6	99.34	16.56	.316	33.11	5.23
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00



@ORGANIZED OUTPATIENT CLINIC	1	1	\$	24.72	\$	24.72	.053	\$	24.72	\$	1.30
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		24.72		24.72	.053		24.72		1.30

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,504  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	19	\$ 404.19	\$ 21.27	1.000	\$ 50.52	\$ 21.27
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	19	404.19	21.27	1.000	50.52	21.27
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	8	24	\$ 501.84	\$ 20.91	1.263	\$ 62.73	\$ 26.41

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,505
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	428	\$ 53,356.90	\$ 124.67	8.917	\$ 702.06	\$ 1111.60
@PHYSICIANS SERVICES	28	102	\$ 7,954.44	\$ 77.98	2.125	\$ 284.09	\$ 165.72
OUTPATIENT VISITS	17	18	602.76	33.49	.375	35.46	12.56
OFFICE VISITS	16	17	557.00	32.76	.354	34.81	11.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.021	45.76	.95
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	30	2,547.17	84.91	.625	849.06	53.07
PRINCIPAL SURGEON	2	2	2,091.56	1045.78	.042	1045.78	43.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	28	455.61	16.27	.583	455.61	9.49
OUTPATIENT SURGERY	6	11	1,570.62	142.78	.229	261.77	32.72
PRINCIPAL SURGEON	6	11	1,570.62	142.78	.229	261.77	32.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	26	777.42	29.90	.542	86.38	16.20

RADIOLOGY	6	12		2,212.78		184.40	.250	368.80	46.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		192.37		192.37	.021	192.37	4.01
OTHER SERVICES/ALL X-OVERS	4	4		51.32		12.83	.083	12.83	1.07
@PHARMACY	41	102	\$	14,775.01	\$	144.85	2.125	360.37	307.81
PRESCRIPTION DRUGS	41	102		14,775.01		144.85	2.125	360.37	307.81
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	41	102		14,775.01		144.85	2.125	360.37	307.81
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	4	27	\$	1,343.00	\$	49.74	.563	335.75	27.98
VISITS - DIAGNOSTIC	2	14		147.00		10.50	.292	73.50	3.06
ORAL SURGERY	1	1		.00		.00	.021	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	2		520.00		260.00	.042	520.00	10.83
RESTORATIVE DENTISTRY	2	3		388.00		129.33	.063	194.00	8.08
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	7		288.00		41.14	.146	288.00	6.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,506
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2	4	\$	90.30	\$ 22.58	.083	\$ 45.15	\$ 1.88
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.021	47.45	.99
EYE APPLIANCES	1	3		42.85	14.28	.063	42.85	.89
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.021	\$ 16.72	\$ .35
VISITS	1	1		16.72	16.72	.021	16.72	.35
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.042	\$ 104.99	\$ 2.19
NURSE ANESTHESIST	4	29	\$	463.60	\$ 15.99	.604	\$ 115.90	\$ 9.66
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	20	93	\$	26,375.63	\$ 283.61	1.938	\$ 1318.78	\$ 549.49
HOSP INPATIENT TOTAL	3	7		23,350.87	3335.84	.146	7783.62	486.48
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	7		23,350.87	3335.84	.146	7783.62	486.48
ACCOMMODATIONS	3	7		3,452.86	493.27	.146	1150.95	71.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7		3,452.86	493.27	.146	1150.95	71.93
ANCILLARIES	3	0		19,898.01	.00	.000	6632.67	414.54
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	86		3,024.76	35.17	1.792	159.20	63.02
MEDICAL	5	10		221.94	22.19	.208	44.39	4.62

SURGERY	5	5	218.12	43.62	.104	43.62	4.54
PATHOLOGY	6	20	449.09	22.45	.417	74.85	9.36
RADIOLOGY	9	13	983.36	75.64	.271	109.26	20.49
ROOM USE	5	14	852.37	60.88	.292	170.47	17.76
CROSSOVERS/ALL OTH OUTPTNT	8	24	299.88	12.50	.500	37.49	6.25
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,507
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	93	\$ 26,375.63	\$ 283.61	1.938	\$ 1318.78	\$ 549.49
COMM HOSP INPATIENT TOTAL	3	7	23,350.87	3335.84	.146	7783.62	486.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	7	23,350.87	3335.84	.146	7783.62	486.48
ACCOMMODATIONS	3	7	3,452.86	493.27	.146	1150.95	71.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	3,452.86	493.27	.146	1150.95	71.93
ANCILLARIES	3	0	19,898.01	.00	.000	6632.67	414.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	86	3,024.76	35.17	1.792	159.20	63.02
MEDICAL	5	10	221.94	22.19	.208	44.39	4.62
SURGERY	5	5	218.12	43.62	.104	43.62	4.54
PATHOLOGY	6	20	449.09	22.45	.417	74.85	9.36
RADIOLOGY	9	13	983.36	75.64	.271	109.26	20.49
ROOM USE	5	14	852.37	60.88	.292	170.47	17.76
CROSSOVERS/ALL OTH OUTPTNT	8	24	299.88	12.50	.500	37.49	6.25
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	8	\$	52.63	\$	6.58	.167	\$ 13.16	\$ 1.10
PATHOLOGY	4	8		52.63		6.58	.167	13.16	1.10
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,032.10	\$	129.01	.167	\$ 172.02	\$ 21.50
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		1,032.10		129.01	.167	172.02	21.50

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR BCCTP-TOTAL

PAGE 2,508  
01/29/04

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	52	\$ 1,148.48	\$ 22.09	1.083	\$ 82.03	\$ 23.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6	161.13	26.86	.125	161.13	3.36
AMBULANCES/AIR TRANS	1	6	161.13	26.86	.125	161.13	3.36
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.66	13.17	.083	26.33	1.10
PHYSICAL THERAPIST	3	20	280.50	14.03	.417	93.50	5.84
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	250.00	83.33	.063	250.00	5.21
PROSTHETICS	1	3	250.00	83.33	.063	250.00	5.21
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	19	404.19	21.27	.396	50.52	8.42
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	8	24	\$ 501.84	\$ 20.91	.500	\$ 62.73	\$ 10.46

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 2,509  
01/29/04

160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

AID CODE 80

@TOTAL, ALL PROVIDERS	17	42	\$	1,527.41	\$	36.37	.263	\$	89.85	\$	9.55
@PHYSICIANS SERVICES	7	13	\$	149.67	\$	11.51	.081	\$	21.38	\$	.94
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	13		149.67	11.51	.081	21.38	.94
@PHARMACY	0	1	\$	121.00CR	\$ 121.00CR	.006	\$ .00	\$ .76CR
PRESCRIPTION DRUGS	0	1		121.00CR	121.00CR	.006	.00	.76CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	1		121.00CR	121.00CR	.006	.00	.76CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,510
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	9	25	\$ 1,453.64	\$ 58.15	.156	\$ 161.52	\$ 9.09
HOSP INPATIENT TOTAL	1	4	812.00	203.00	.025	812.00	5.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.025	812.00	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	21	641.64	30.55	.131	71.29	4.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	21	641.64	30.55	.131	71.29	4.01
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
				AID CODE 80			
				----- MONTHLY AVERAGE -----			
160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	25	\$ 1,453.64	\$ 58.15	.156	\$ 161.52	\$ 9.09
COMM HOSP INPATIENT TOTAL	1	4	812.00	203.00	.025	812.00	5.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.025	812.00	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	21	641.64	30.55	.131	71.29	4.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	21	641.64	30.55	.131	71.29	4.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00



MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,512  
FEE-FOR-SERVICE/DENTAL 01/29/04  
SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

@XOVER EXCLUDING STATE HOSP\*\* 17 37 \$ 1,648.41 \$ 44.55 .231 \$ 96.97 \$ 10.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,513  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
 DEL NORTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	178	579	\$ 33,470.96	\$ 57.81	.993	\$ 188.04	\$ 57.41
@PHYSICIANS SERVICES	24	42	\$ 1,266.73	\$ 30.16	.072	\$ 52.78	\$ 2.17
OUTPATIENT VISITS	20	28	710.57	25.38	.048	35.53	1.22
OFFICE VISITS	18	26	645.03	24.81	.045	35.84	1.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.002	44.60	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.002	20.94	.04
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	64.58	.00	.000	.00	.11
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	64.58	.00	.000	.00	.11
OUTPATIENT SURGERY	4	4	280.14	70.04	.007	70.04	.48
PRINCIPAL SURGEON	4	4	280.14	70.04	.007	70.04	.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.80	2.80	.002	2.80	.00
RADIOLOGY	2	2	42.43	21.22	.003	21.22	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	7	166.21	23.74	.012	33.24	.29
@PHARMACY	83	153	\$ 3,451.08	\$ 22.56	.262	\$ 41.58	\$ 5.92
PRESCRIPTION DRUGS	83	153	3,451.08	22.56	.262	41.58	5.92
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	83	153	3,451.08	22.56	.262	41.58	5.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	42	\$ 1,688.00	\$ 40.19	.072	\$ 562.67	\$ 2.90
VISITS - DIAGNOSTIC	3	19	400.00	21.05	.033	133.33	.69
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	6	426.00	71.00	.010	142.00	.73
RESTORATIVE DENTISTRY	3	17	862.00	50.71	.029	287.33	1.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 2,514  
01/29/04

						----- MONTHLY AVERAGE -----		
583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	5	\$ 137.75	\$ 27.55	.009	\$ 68.88	\$ .24	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.16	
EYE APPLIANCES	1	3	42.85	14.28	.005	42.85	.07	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	.00	.00
NURSE ANESTHESIST	2	11	\$	198.80	\$	.019	99.40	.34
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
@TOTAL HOSPITAL	27	93	\$	7,375.97	\$	.160	273.18	12.65
HOSP INPATIENT TOTAL	1	3		4,337.02		.005	4337.02	7.44
HSC HOSPITALS	1	1		1,890.00		.002	1890.00	3.24
NON-HSC HOSPITAL TOTAL	1	2		2,447.02		.003	2447.02	4.20
ACCOMMODATIONS	1	2		1,277.76		.003	1277.76	2.19
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	1	2		1,277.76		.003	1277.76	2.19
ANCILLARIES	1	0		1,169.26		.000	1169.26	2.01
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	26	90		3,038.95		.154	116.88	5.21
MEDICAL	14	14		762.95		.024	54.50	1.31
SURGERY	5	8		486.06		.014	97.21	.83
PATHOLOGY	4	12		105.58		.021	26.40	.18
RADIOLOGY	8	9		373.20		.015	46.65	.64
ROOM USE	21	27		1,083.50		.046	51.60	1.86
CROSSOVERS/ALL OTH OUTPTNT	14	20		227.66		.034	16.26	.39
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00	.00
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,515  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	93	\$ 7,375.97	\$ 79.31	.160	\$ 273.18	\$ 12.65
COMM HOSP INPATIENT TOTAL	1	3	4,337.02	1445.67	.005	4337.02	7.44
HSC HOSPITALS	1	1	1,890.00	1890.00	.002	1890.00	3.24
NON-HSC HOSPITALS TOTAL	1	2	2,447.02	1223.51	.003	2447.02	4.20
ACCOMMODATIONS	1	2	1,277.76	638.88	.003	1277.76	2.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,277.76	638.88	.003	1277.76	2.19
ANCILLARIES	1	0	1,169.26	.00	.000	1169.26	2.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	26	90		3,038.95	33.77	.154	116.88	5.21
MEDICAL	14	14		762.95	54.50	.024	54.50	1.31
SURGERY	5	8		486.06	60.76	.014	97.21	.83
PATHOLOGY	4	12		105.58	8.80	.021	26.40	.18
RADIOLOGY	8	9		373.20	41.47	.015	46.65	.64
ROOM USE	21	27		1,083.50	40.13	.046	51.60	1.86
CROSSOVERS/ALL OTH OUTPTNT	14	20		227.66	11.38	.034	16.26	.39
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	8	\$	107.32	\$ 13.42	.014	\$ 13.42	\$ .18
PATHOLOGY	8	8		107.32	13.42	.014	13.42	.18
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	114	146	\$	18,088.17	\$ 123.89	.250	\$ 158.67	\$ 31.03
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	114	146		18,088.17	123.89	.250	158.67	31.03

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,516  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	79	\$ 1,157.14	\$ 14.65	.136	\$ 105.19	\$ 1.98
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	141.51	35.38	.007	141.51	.24
AMBULANCES/AIR TRANS	1	4	141.51	35.38	.007	141.51	.24
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.003	16.64	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4		175.28	43.82	.007	175.28	.30
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	69		823.71	11.94	.118	102.96	1.41
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$	302.61	\$ 75.65	.007	\$ 151.31	\$ .52
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,517
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	195	660	\$ 43,087.46	\$ 65.28	.971	\$ 220.96	\$ 63.36
@PHYSICIANS SERVICES	30	47	\$ 1,585.61	\$ 33.74	.069	\$ 52.85	\$ 2.33
OUTPATIENT VISITS	17	23	790.27	34.36	.034	46.49	1.16
OFFICE VISITS	17	22	721.92	32.81	.032	42.47	1.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	87.39	87.39	.001	87.39	.13
HOSPITAL VISITS	1	1	87.39	87.39	.001	87.39	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	228.59	76.20	.004	76.20	.34
PRINCIPAL SURGEON	3	3	228.59	76.20	.004	76.20	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	80.01	20.00	.006	20.00	.12
RADIOLOGY	4	5	38.29	7.66	.007	9.57	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	6.55	6.55	.001	6.55	.01
OTHER SERVICES/ALL X-OVERS	7	10	354.51	35.45	.015	50.64	.52
@PHARMACY	102	203	\$ 12,265.27	\$ 60.42	.299	\$ 120.25	\$ 18.04
PRESCRIPTION DRUGS	102	203	12,265.27	60.42	.299	120.25	18.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	102	203	12,265.27	60.42	.299	120.25	18.04
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	11	\$ 301.00	\$ 27.36	.016	\$ 75.25	\$ .44
VISITS - DIAGNOSTIC	4	8	166.00	20.75	.012	41.50	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3	135.00	45.00	.004	67.50	.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,518
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
				AID CODES 7A 7C 8R 8T			
					----- MONTHLY AVERAGE -----		
680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15 \$	313.75	\$ 20.92	.022	\$ 78.44	\$ .46
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.004	47.45	.21
EYE APPLIANCES	4	12	171.40	14.28	.018	42.85	.25
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	2 \$	33.44	\$ 16.72	.003	\$ 16.72	\$ .05
VISITS	2	2	33.44	16.72	.003	16.72	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2 \$	190.69	\$ 95.35	.003	\$ 190.69	\$ .28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	190.69	95.35	.003	190.69	.28
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	4 \$	82.87	\$ 20.72	.006	\$ 82.87	\$ .12
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	33	168 \$	9,752.88	\$ 58.05	.247	\$ 295.54	\$ 14.34
HOSP INPATIENT TOTAL	1	1	4,824.42	4824.42	.001	4824.42	7.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	4,824.42	4824.42	.001	4824.42	7.09
ACCOMMODATIONS	1	1	2,214.48	2214.48	.001	2214.48	3.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	2,214.48	2214.48	.001	2214.48	3.26
ANCILLARIES	1	0	2,609.94	.00	.000	2609.94	3.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33	167	4,928.46	29.51	.246	149.35	7.25
MEDICAL	16	31	1,955.34	63.08	.046	122.21	2.88
SURGERY	3	4	263.14	65.79	.006	87.71	.39
PATHOLOGY	14	48	587.94	12.25	.071	42.00	.86
RADIOLOGY	17	22	617.47	28.07	.032	36.32	.91
ROOM USE	18	28	891.73	31.85	.041	49.54	1.31
CROSSOVERS/ALL OTH OUTPTNT	14	34	612.84	18.02	.050	43.77	.90
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,519  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

	680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	33	168	\$	9,752.88	\$ 58.05	.247	\$ 295.54	\$ 14.34



COMM HOSP INPATIENT TOTAL	1	1		4,824.42	4824.42	.001	4824.42	7.09
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		4,824.42	4824.42	.001	4824.42	7.09
ACCOMMODATIONS	1	1		2,214.48	2214.48	.001	2214.48	3.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		2,214.48	2214.48	.001	2214.48	3.26
ANCILLARIES	1	0		2,609.94	.00	.000	2609.94	3.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	167		4,928.46	29.51	.246	149.35	7.25
MEDICAL	16	31		1,955.34	63.08	.046	122.21	2.88
SURGERY	3	4		263.14	65.79	.006	87.71	.39
PATHOLOGY	14	48		587.94	12.25	.071	42.00	.86
RADIOLOGY	17	22		617.47	28.07	.032	36.32	.91
ROOM USE	18	28		891.73	31.85	.041	49.54	1.31
CROSSOVERS/ALL OTH OUTPTNT	14	34		612.84	18.02	.050	43.77	.90
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	43	\$	686.63	\$ 15.97	.063	\$ 45.78	\$ 1.01
PATHOLOGY	15	43		686.63	15.97	.063	45.78	1.01
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	99	133	\$	17,224.93	\$ 129.51	.196	\$ 173.99	\$ 25.33
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	99	133		17,224.93	129.51	.196	173.99	25.33

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,520  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	32	\$ 650.39	\$ 20.32	.047	\$ 65.04	\$ .96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	16	546.91	34.18	.024	182.30	.80
AMBULANCES/AIR TRANS	3	16	546.91	34.18	.024	182.30	.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	64.60	8.08	.012	16.15	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	38.88	4.86	.012	12.96	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,521
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,522  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR    PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00
SURGERY	0	0		.00	.000		.00
PATHOLOGY	0	0		.00	.000		.00
RADIOLOGY	0	0		.00	.000		.00
ROOM USE	0	0		.00	.000		.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,523
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DAYS	COST PER	COST PER
--------------	-------	------------------	--------------	-------------------------	----------	----------

	0	OR DAYS OF CARE	0	\$	.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,525  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,526  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
MOP024      FEE-FOR-SERVICE/DENTAL  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

PAGE 2,527  
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 2,528 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 2,529  
01/29/04

	42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36		185	\$ 11,170.80	\$ 60.38	4.405	\$ 310.30	\$ 265.97
@PHYSICIANS SERVICES	5		12	\$ 1,107.01	\$ 92.25	.286	\$ 221.40	\$ 26.36
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	1		2	83.57	41.79	.048	83.57	1.99

HOSPITAL VISITS	1	2		83.57	41.79	.048	83.57	1.99
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		544.28	544.28	.024	544.28	12.96
PRINCIPAL SURGEON	1	1		544.28	544.28	.024	544.28	12.96
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	7		417.11	59.59	.167	208.56	9.93
PRINCIPAL SURGEON	1	1		253.16	253.16	.024	253.16	6.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		163.95	27.33	.143	163.95	3.90
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		24.32	24.32	.024	24.32	.58
RADIOLOGY	1	1		37.73	37.73	.024	37.73	.90
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	6	9	\$	1,327.14	\$ 147.46	.214	\$ 221.19	\$ 31.60
PRESCRIPTION DRUGS	6	9		1,327.14	147.46	.214	221.19	31.60
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	6	9		1,327.14	147.46	.214	221.19	31.60
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 2,530
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	17	117	\$	5,618.02	\$	48.02	2.786	\$	330.47	\$	133.76
HOSP INPATIENT TOTAL	1	2		1,914.79		957.40	.048		1914.79		45.59
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		1,914.79		957.40	.048		1914.79		45.59
ACCOMMODATIONS	1	2		473.00		236.50	.048		473.00		11.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		473.00		236.50	.048		473.00		11.26
ANCILLARIES	1	0		1,441.79		.00	.000		1441.79		34.33
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17	115		3,703.23		32.20	2.738		217.84		88.17
MEDICAL	2	2		123.83		61.92	.048		61.92		2.95
SURGERY	2	2		96.87		48.44	.048		48.44		2.31
PATHOLOGY	7	40		532.18		13.30	.952		76.03		12.67
RADIOLOGY	4	4		216.66		54.17	.095		54.17		5.16
ROOM USE	9	15		632.70		42.18	.357		70.30		15.06
CROSSOVERS/ALL OTH OUTPTNT	11	52		2,100.99		40.40	1.238		191.00		50.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,531
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N										

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	17	117	\$ 5,618.02	\$ 48.02	2.786	\$ 330.47	\$ 133.76	
COMM HOSP INPATIENT TOTAL	1	2	1,914.79	957.40	.048	1914.79	45.59	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	2	1,914.79	957.40	.048	1914.79	45.59	
ACCOMMODATIONS	1	2	473.00	236.50	.048	473.00	11.26	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	2	473.00	236.50	.048	473.00	11.26	
ANCILLARIES	1	0	1,441.79	.00	.000	1441.79	34.33	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	17	115	3,703.23	32.20	2.738	217.84	88.17	
MEDICAL	2	2	123.83	61.92	.048	61.92	2.95	
SURGERY	2	2	96.87	48.44	.048	48.44	2.31	
PATHOLOGY	7	40	532.18	13.30	.952	76.03	12.67	

RADIOLOGY	4	4		216.66	54.17	.095	54.17	5.16
ROOM USE	9	15		632.70	42.18	.357	70.30	15.06
CROSSOVERS/ALL OTH OUTPTNT	11	52		2,100.99	40.40	1.238	191.00	50.02
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$	141.49	23.58	.143	47.16	3.37
PATHOLOGY	3	6		141.49	23.58	.143	47.16	3.37
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	35	\$	2,681.96	76.63	.833	243.81	63.86
CLINIC	7	27		1,383.10	51.23	.643	197.59	32.93
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	8		1,298.86	162.36	.190	216.48	30.93
#CALIF DEPT OF HEALTH SERV								
MOP024								
DEL NORTE COUNTY								

PAGE 2,532  
01/29/04

42 ELIGIBLES				SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4	6	\$ 295.18	\$ 49.20	.143	\$ 73.80	\$ 7.03	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	4	135.18	33.80	.095	67.59	3.22	
AMBULANCES/AIR TRANS	2	4	135.18	33.80	.095	67.59	3.22	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	2	2	160.00	80.00	.048	80.00	3.81	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,533  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	485	1,839	\$ 96,244.74	\$ 52.34	2.631	\$ 198.44	\$ 137.69
@PHYSICIANS SERVICES	54	92	\$ 2,873.31	\$ 31.23	.132	\$ 53.21	\$ 4.11
OUTPATIENT VISITS	32	37	1,380.87	37.32	.053	43.15	1.98
OFFICE VISITS	22	24	768.09	32.00	.034	34.91	1.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9	476.18	52.91	.013	79.36	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	136.60	34.15	.006	34.15	.20
INPATIENT VISITS	1	1	73.20	73.20	.001	73.20	.10
HOSPITAL VISITS	1	1	73.20	73.20	.001	73.20	.10
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	10	766.41	76.64	.014	109.49	1.10
PRINCIPAL SURGEON	6	9	558.67	62.07	.013	93.11	.80
ASSISTANT SURGEON	1	1	207.74	207.74	.001	207.74	.30
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	18	136.52	7.58	.026	15.17	.20
RADIOLOGY	20	22	435.66	19.80	.031	21.78	.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	80.65	20.16	.006	26.88	.12
@PHARMACY	252	550	\$ 25,462.74	\$ 46.30	.787	\$ 101.04	\$ 36.43
PRESCRIPTION DRUGS	251	548	25,367.34	46.29	.784	101.07	36.29
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	251	548	25,367.34	46.29	.784	101.07	36.29
MEDICAL SUPPLIES	2	2	95.40	47.70	.003	47.70	.14
@DENTIST	9	25	\$ 1,651.00	\$ 66.04	.036	\$ 183.44	\$ 2.36
VISITS - DIAGNOSTIC	6	15	272.00	18.13	.021	45.33	.39
ORAL SURGERY	2	2	130.00	65.00	.003	65.00	.19
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	6	349.00	58.17	.009	69.80	.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	2	900.00	450.00	.003	900.00	1.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,534  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      EDWARDS CASES IN PA-FAMILIES      AID CODE 38

699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	36	\$ 908.14	\$ 25.23	.052	\$ 60.54	\$ 1.30
DIAGNOSTIC AND ANC. PROCED	12	12	544.54	45.38	.017	45.38	.78
EYE APPLIANCES	9	24	363.60	15.15	.034	40.40	.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	7	15	\$	250.80	\$	16.72	.021	\$	35.83	\$	.36
VISITS	7	15		250.80		16.72	.021		35.83		.36
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$	287.09	\$	57.42	.007	\$	95.70	\$	.41
MEDICINE/INJECTIONS	2	3		96.40		32.13	.004		48.20		.14
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		190.69		95.35	.003		190.69		.27
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	2	4	\$	101.71	\$	25.43	.006	\$	50.86	\$	.15
NURSE MIDWIFE	1	3	\$	77.30	\$	25.77	.004	\$	77.30	\$	.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	92	448	\$	21,549.68	\$	48.10	.641	\$	234.24	\$	30.83
HOSP INPATIENT TOTAL	1	4		5,561.76		1390.44	.006		5561.76		7.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		5,561.76		1390.44	.006		5561.76		7.96
ACCOMMODATIONS	1	4		4,448.72		1112.18	.006		4448.72		6.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		4,448.72		1112.18	.006		4448.72		6.36
ANCILLARIES	1	0		1,113.04		.00	.000		1113.04		1.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	92	444		15,987.92		36.01	.635		173.78		22.87
MEDICAL	45	65		3,661.17		56.33	.093		81.36		5.24
SURGERY	5	7		380.09		54.30	.010		76.02		.54
PATHOLOGY	35	144		1,836.07		12.75	.206		52.46		2.63
RADIOLOGY	37	50		4,817.54		96.35	.072		130.20		6.89
ROOM USE	64	77		2,825.46		36.69	.110		44.15		4.04
CROSSOVERS/ALL OTH OUTPTNT	45	101		2,467.59		24.43	.144		54.84		3.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 2,535
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38										

----- MONTHLY AVERAGE -----											
699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	92	448	\$ 21,549.68	\$ 48.10	.641	\$ 234.24	\$ 30.83				
COMM HOSP INPATIENT TOTAL	1	4	5,561.76	1390.44	.006	5561.76	7.96				
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00				
NON-HSC HOSPITALS TOTAL	1	4	5,561.76	1390.44	.006	5561.76	7.96				
ACCOMMODATIONS	1	4	4,448.72	1112.18	.006	4448.72	6.36				



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	4,448.72	1112.18	.006	4448.72	6.36
ANCILLARIES	1	0	1,113.04	.00	.000	1113.04	1.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	92	444	15,987.92	36.01	.635	173.78	22.87
MEDICAL	45	65	3,661.17	56.33	.093	81.36	5.24
SURGERY	5	7	380.09	54.30	.010	76.02	.54
PATHOLOGY	35	144	1,836.07	12.75	.206	52.46	2.63
RADIOLOGY	37	50	4,817.54	96.35	.072	130.20	6.89
ROOM USE	64	77	2,825.46	36.69	.110	44.15	4.04
CROSSOVERS/ALL OTH OUTPTNT	45	101	2,467.59	24.43	.144	54.84	3.53
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	33	780.95	23.67	.047	390.48	1.12
HOSPITAL BASED	2	33	780.95	23.67	.047	390.48	1.12
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	68	1,167.00	17.16	.097	48.63	1.67
PATHOLOGY	24	68	1,167.00	17.16	.097	48.63	1.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	225	330	37,809.16	114.57	.472	168.04	54.09
CLINIC	5	15	996.87	66.46	.021	199.37	1.43
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	220	315	36,812.29	116.86	.451	167.33	52.66

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 2,536 01/29/04

699 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42	230	\$ 3,325.86	\$ 14.46	.329	\$ 79.19	\$ 4.76
DURABLE MED. EQUIP.	1	2	120.98	60.49	.003	120.98	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	79	1,204.81	15.25	.113	120.48	1.72
AMBULANCES/AIR TRANS	10	79	1,204.81	15.25	.113	120.48	1.72
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	12	24	216.59	9.02	.034	18.05	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	12	802.19	66.85	.017	401.10	1.15
PROSTHETICS	2	11	713.50	64.86	.016	356.75	1.02
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.13
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	111	771.29	6.95	.159	51.42	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 33.99	\$ 33.99	.001	\$ 33.99	\$ .05
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,537
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	104	\$ 4,822.64	\$ 46.37	1.095	\$ 126.91	\$ 50.76
@PHYSICIANS SERVICES	5	7	\$ 253.25	\$ 36.18	.074	\$ 50.65	\$ 2.67
OUTPATIENT VISITS	5	6	164.98	27.50	.063	33.00	1.74
OFFICE VISITS	3	4	96.00	24.00	.042	32.00	1.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.021	34.49	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	88.27	88.27	.011	88.27	.93
PRINCIPAL SURGEON	1	1	88.27	88.27	.011	88.27	.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	14	22	\$ 2,366.38	\$ 107.56	.232	\$ 169.03	\$ 24.91
PRESCRIPTION DRUGS	14	22	2,366.38	107.56	.232	169.03	24.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	22	2,366.38	107.56	.232	169.03	24.91

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,538	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P							

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.042	\$ 90.30	\$ .95
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.011	47.45	.50
EYE APPLIANCES	1	3	42.85	14.28	.032	42.85	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	4	\$ 66.88	\$ 16.72	.042	\$ 22.29	\$ .70
VISITS	3	4	66.88	16.72	.042	22.29	.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	14	\$ 405.94	\$ 29.00	.147	\$ 135.31	\$ 4.27
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	14	405.94	29.00	.147	135.31	4.27
MEDICAL	2	2	151.62	75.81	.021	75.81	1.60
SURGERY	1	1	17.33	17.33	.011	17.33	.18
PATHOLOGY	1	4	44.30	11.08	.042	44.30	.47
RADIOLOGY	1	1	43.54	43.54	.011	43.54	.46
ROOM USE	3	3	101.64	33.88	.032	33.88	1.07
CROSSOVERS/ALL OTH OUTPTNT	2	3	47.51	15.84	.032	23.76	.50
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,539

MOP024  
DEL NORTE COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

01/29/04

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	14	\$ 405.94	\$ 29.00	.147	\$ 135.31	\$ 4.27
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	14	405.94	29.00	.147	135.31	4.27
MEDICAL	2	2	151.62	75.81	.021	75.81	1.60
SURGERY	1	1	17.33	17.33	.011	17.33	.18
PATHOLOGY	1	4	44.30	11.08	.042	44.30	.47
RADIOLOGY	1	1	43.54	43.54	.011	43.54	.46
ROOM USE	3	3	101.64	33.88	.032	33.88	1.07
CROSSOVERS/ALL OTH OUTPTNT	2	3	47.51	15.84	.032	23.76	.50
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 31.83	\$ 15.92	.021	\$ 31.83	\$ .34
PATHOLOGY	1	2	31.83	15.92	.021	31.83	.34
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	13	\$ 1,173.06	\$ 90.24	.137	\$ 90.24	\$ 12.35
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	13	1,173.06	90.24	.137	90.24	12.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,540
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

95 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	38	\$ 435.00	\$ 11.45	.400	\$ 62.14	\$ 4.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.021	16.64	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	36	418.36	11.62	.379	69.73	4.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,541
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	53	567	\$ 52,526.60	\$ 92.64	14.921	\$ 991.07	\$ 1382.28	
@PHYSICIANS SERVICES	2	11	\$ 28.10	\$ 2.55	.289	\$ 14.05	\$ .74	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	11		28.10		2.55	.289	14.05	.74
@PHARMACY	48	189	\$	14,068.47	\$	74.44	4.974	293.09	\$ 370.22
PRESCRIPTION DRUGS	48	189		14,068.47		74.44	4.974	293.09	370.22
SNF/ICF	16	72		5,084.38		70.62	1.895	317.77	133.80
OUTPATIENTS	32	117		8,984.09		76.79	3.079	280.75	236.42
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E	----- MONTHLY AVERAGE -----		

PAGE 2,542  
01/29/04

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.079	\$ 53.11	\$ 1.40
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.079	53.11	1.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	4	\$ 55.91	\$ 13.98	.105	\$ 18.64	\$ 1.47
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	3	4	55.91	13.98	.105	18.64	1.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	55.91	13.98	.105	18.64	1.47
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,543
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E						

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4	\$ 55.91	\$ 13.98	.105	\$ 18.64	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	4	55.91	13.98	.105	18.64	1.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	4	55.91	13.98	.105	18.64	1.47
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	350	\$ 38,063.23	\$ 108.75	9.211	\$ 2927.94	\$ 1001.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	350	38,063.23	108.75	9.211	2927.94	1001.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	231.96	\$	38.66	.158	\$	46.39
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
DEL NORTE COUNTY

5 6 231.96 38.66 .158 46.39 6.10  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E  
----- MONTHLY AVERAGE -----  
PAGE 2,544  
01/29/04

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	4	\$ 25.82	\$ 6.46	.105	\$ 6.46	\$ .68
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	2.76	2.76	.026	2.76	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	23.06	7.69	.079	7.69	.61
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	19	\$ 109.83	\$ 5.78	.500	\$ 12.20	\$ 2.89

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 2,545  
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04  
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	708	\$ 67,044.69	\$ 94.70	39.333	\$ 2394.45	\$ 3724.71
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	25	202	\$	11,458.21	\$ 56.72	11.222	\$ 458.33	\$ 636.57
PRESCRIPTION DRUGS	25	202		11,458.21	56.72	11.222	458.33	636.57
SNF/ICF	18	162		8,634.87	53.30	9.000	479.72	479.72
OUTPATIENTS	7	40		2,823.34	70.58	2.222	403.33	156.85
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	2	\$	96.00	\$ 48.00	.111	\$ 96.00	\$ 5.33
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		96.00	48.00	.111	96.00	5.33
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,546  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.167	\$ 42.85	\$ 2.38
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.167	42.85	2.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 10.20	\$ 3.40	.167	\$ 3.40	\$ .57
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	10.20	3.40	.167	3.40	.57
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	7	\$ 63.38	\$ 9.05	.389	\$ 31.69	\$ 3.52

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7	63.38	9.05	.389	31.69	3.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	63.38	9.05	.389	31.69	3.52
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,547
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						AID CODE 2E
					----- MONTHLY AVERAGE -----		
18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$ 63.38	\$ 9.05	.389	\$ 31.69	\$ 3.52
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	63.38	9.05	.389	31.69	3.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	63.38	9.05	.389	31.69	3.52
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	18	472	\$ 55,208.73	\$ 116.97	26.222	\$ 3067.15	\$ 3067.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	472	55,208.73	116.97	26.222	3067.15	3067.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 2,548
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						AID CODE 2E

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	19	\$ 165.32	\$ 8.70	1.056	\$ 41.33	\$ 9.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	94.74	7.90	.667	47.37	5.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	12	94.74	7.90	.667	47.37	5.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	70.58	10.08	.389	35.29	3.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	5	10	\$	129.37	\$	12.94	.556	\$	25.87

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,549  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	275	6,170	\$ 178,277.21	\$ 28.89	23.460	\$ 648.28	\$ 677.86
@PHYSICIANS SERVICES	39	75	\$ 1,825.62	\$ 24.34	.285	\$ 46.81	\$ 6.94
OUTPATIENT VISITS	16	21	739.53	35.22	.080	46.22	2.81
OFFICE VISITS	15	18	596.58	33.14	.068	39.77	2.27

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2		112.95	56.48	.008	112.95	.43
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		30.00	30.00	.004	30.00	.11
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		167.18	41.80	.015	41.80	.64
EXAMINATIONS	4	4		167.18	41.80	.015	41.80	.64
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	5		333.50	66.70	.019	83.38	1.27
PRINCIPAL SURGEON	4	5		333.50	66.70	.019	83.38	1.27
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	12		138.80	11.57	.046	19.83	.53
RADIOLOGY	2	2		137.56	68.78	.008	68.78	.52
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		93.75	46.88	.008	93.75	.36
OTHER SERVICES/ALL X-OVERS	15	29		215.30	7.42	.110	14.35	.82
@PHARMACY	229	3,964	\$	99,388.71	\$ 25.07	15.072	\$ 434.01	\$ 377.90
PRESCRIPTION DRUGS	228	1,007		97,605.96	96.93	3.829	428.10	371.13
SNF/ICF	18	216		14,738.55	68.23	.821	818.81	56.04
OUTPATIENTS	210	791		82,867.41	104.76	3.008	394.61	315.09
MEDICAL SUPPLIES	8	2,957		1,782.75	.60	11.243	222.84	6.78
@DENTIST	6	17	\$	1,358.37	\$ 79.90	.065	\$ 226.40	\$ 5.16
VISITS - DIAGNOSTIC	3	9		159.00	17.67	.034	53.00	.60
ORAL SURGERY	2	2		103.37	51.69	.008	51.69	.39
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6		1,096.00	182.67	.023	548.00	4.17
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 2,550 01/29/04

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	21	\$ 460.54	\$ 21.93	.080	\$ 51.17	\$ 1.75
DIAGNOSTIC AND ANC. PROCED	4	4	164.94	41.24	.015	41.24	.63
EYE APPLIANCES	7	17	295.60	17.39	.065	42.23	1.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	48	147	\$	4,758.91	\$	32.37	.559	\$	99.14
HOSP INPATIENT TOTAL	1	0		840.00		.00	.000		840.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	47	147		3,918.91		26.66	.559		83.38
MEDICAL	9	9		605.43		67.27	.034		67.27
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	19	73		878.92		12.04	.278		46.26
RADIOLOGY	11	16		1,500.54		93.78	.061		136.41
ROOM USE	10	11		367.07		33.37	.042		36.71
CROSSOVERS/ALL OTH OUTPTNT	21	38		566.95		14.92	.144		27.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,551  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR      CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	147	\$	4,758.91	\$ 32.37	.559	\$ 99.14	\$ 18.09
COMM HOSP INPATIENT TOTAL	1	0		840.00	.00	.000	840.00	3.19
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	3.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	147	3,918.91	26.66	.559	83.38	14.90
MEDICAL	9	9	605.43	67.27	.034	67.27	2.30
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	73	878.92	12.04	.278	46.26	3.34
RADIOLOGY	11	16	1,500.54	93.78	.061	136.41	5.71
ROOM USE	10	11	367.07	33.37	.042	36.71	1.40
CROSSOVERS/ALL OTH OUTPTNT	21	38	566.95	14.92	.144	27.00	2.16
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	490	60,025.11	122.50	1.863	3751.57	228.23
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	490	60,025.11	122.50	1.863	3751.57	228.23
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	34	642.92	18.91	.129	80.37	2.44
PATHOLOGY	8	34	642.92	18.91	.129	80.37	2.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	67	91	7,084.15	77.85	.346	105.73	26.94
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	67	91	7,084.15	77.85	.346	105.73	26.94

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,552

MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04

DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	38	1,331	\$ 2,732.88	\$ 2.05	5.061	\$ 71.92	\$ 10.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	82	732.67	8.94	.312	104.67	2.79
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.023	135.95	.52
OTHER TRANS	6	76	596.72	7.85	.289	99.45	2.27
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	17	187.49	11.03	.065	23.44	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	112	1,050.23	9.38	.426	105.02	3.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	1,120	762.49	.68	4.259	58.65	2.90
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	35	68	\$ 4,325.27	\$ 63.61	.259	\$ 123.58	\$ 16.45

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,553
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	356	7,445	\$ 297,848.50	\$ 40.01	23.339	\$ 836.65	\$ 933.69
@PHYSICIANS SERVICES	41	86	\$ 1,853.72	\$ 21.55	.270	\$ 45.21	\$ 5.81
OUTPATIENT VISITS	16	21	739.53	35.22	.066	46.22	2.32
OFFICE VISITS	15	18	596.58	33.14	.056	39.77	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.006	112.95	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.003	30.00	.09
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	167.18	41.80	.013	41.80	.52
EXAMINATIONS	4	4	167.18	41.80	.013	41.80	.52
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	5	333.50	66.70	.016	83.38	1.05
PRINCIPAL SURGEON	4	5	333.50	66.70	.016	83.38	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	12	138.80	11.57	.038	19.83	.44
RADIOLOGY	2	2	137.56	68.78	.006	68.78	.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	93.75	46.88	.006	93.75	.29
OTHER SERVICES/ALL X-OVERS	17	40	243.40	6.09	.125	14.32	.76
@PHARMACY	302	4,355	\$ 124,915.39	\$ 28.68	13.652	\$ 413.63	\$ 391.58
PRESCRIPTION DRUGS	301	1,398	123,132.64	88.08	4.382	409.08	386.00
SNF/ICF	52	450	28,457.80	63.24	1.411	547.27	89.21
OUTPATIENTS	249	948	94,674.84	99.87	2.972	380.22	296.79
MEDICAL SUPPLIES	8	2,957	1,782.75	.60	9.270	222.84	5.59
@DENTIST	7	19	\$ 1,454.37	\$ 76.55	.060	\$ 207.77	\$ 4.56
VISITS - DIAGNOSTIC	3	9	159.00	17.67	.028	53.00	.50
ORAL SURGERY	2	2	103.37	51.69	.006	51.69	.32

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.006	96.00	.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	1,096.00	182.67	.019	548.00	3.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,554  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
 DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	27	\$ 556.50	\$ 20.61	.085	\$ 50.59	\$ 1.74
DIAGNOSTIC AND ANC. PROCED	4	4	164.94	41.24	.013	41.24	.52
EYE APPLIANCES	9	23	391.56	17.02	.072	43.51	1.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 10.20	\$ 3.40	.009	\$ 3.40	\$ .03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	10.20	3.40	.009	3.40	.03
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	53	158	\$ 4,878.20	\$ 30.87	.495	\$ 92.04	\$ 15.29
HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	2.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	2.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	52	158	4,038.20	25.56	.495	77.66	12.66
MEDICAL	9	9	605.43	67.27	.028	67.27	1.90
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	73	878.92	12.04	.229	46.26	2.76
RADIOLOGY	11	16	1,500.54	93.78	.050	136.41	4.70
ROOM USE	10	11	367.07	33.37	.034	36.71	1.15
CROSSOVERS/ALL OTH OUTPTNT	26	49	686.24	14.00	.154	26.39	2.15
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003      PAGE 2,555  
MOP024      FEE-FOR-SERVICE/DENTAL      01/29/04  
DEL NORTE COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----  
319 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	158	\$	4,878.20	\$ 30.87	.495	\$ 92.04	\$ 15.29
COMM HOSP INPATIENT TOTAL	1	0		840.00	.00	.000	840.00	2.63
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	2.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	52	158		4,038.20	25.56	.495	77.66	12.66
MEDICAL	9	9		605.43	67.27	.028	67.27	1.90
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	19	73		878.92	12.04	.229	46.26	2.76
RADIOLOGY	11	16		1,500.54	93.78	.050	136.41	4.70
ROOM USE	10	11		367.07	33.37	.034	36.71	1.15
CROSSOVERS/ALL OTH OUTPTNT	26	49		686.24	14.00	.154	26.39	2.15
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	47	1,312	\$	153,297.07	\$ 116.84	4.113	\$ 3261.64	\$ 480.56
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	47	1,312		153,297.07	116.84	4.113	3261.64	480.56
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	34	\$	642.92	\$ 18.91	.107	\$ 80.37	\$ 2.02
PATHOLOGY	8	34		642.92	18.91	.107	80.37	2.02
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	72	97	\$	7,316.11	\$ 75.42	.304	\$ 101.61	\$ 22.93
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	72	97		7,316.11	75.42	.304	101.61	22.93

#CALIF DEPT OF HEALTH SERV MOP024  
 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 2,556  
 01/29/04

319 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	46	1,354	\$ 2,924.02	\$ 2.16	4.245	\$ 63.57	\$ 9.17
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	94	827.41	8.80	.295	91.93	2.59
AMBULANCES/AIR TRANS	1	6	135.95	22.66	.019	135.95	.43
OTHER TRANS	8	88	691.46	7.86	.276	86.43	2.17

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	24	258.07	10.75	.075	25.81	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	2.76	2.76	.003	2.76	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	112	1,050.23	9.38	.351	105.02	3.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	1,123	785.55	.70	3.520	49.10	2.46
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	49	97	\$ 4,564.47	\$ 47.06	.304	\$ 93.15	\$ 14.31

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 2,557
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

90,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	51,358	726,883	\$ 26,059,147.78	\$ 35.85	8.027	\$ 507.40	\$ 287.77
@PHYSICIANS SERVICES	8,102	21,880	\$ 867,656.01	\$ 39.66	.242	\$ 107.09	\$ 9.58
OUTPATIENT VISITS	3,373	4,645	165,637.24	35.66	.051	49.11	1.83
OFFICE VISITS	3,011	4,053	138,412.42	34.15	.045	45.97	1.53
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	263	306	16,315.80	53.32	.003	62.04	.18
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	59	169	6,574.18	38.90	.002	111.43	.07
OTHER OUTPATIENT	106	115	4,252.52	36.98	.001	40.12	.05
INPATIENT VISITS	337	1,115	63,531.90	56.98	.012	188.52	.70
HOSPITAL VISITS	311	928	45,020.56	48.51	.010	144.76	.50
CRITICAL CARE	39	165	17,677.36	107.14	.002	453.27	.20
SNF/ICF/TRANS IP CARE	17	22	833.98	37.91	.000	49.06	.01
OPHTHALMOLOGICAL SERVICES	210	246	10,283.39	41.80	.003	48.97	.11
EXAMINATIONS	210	246	10,283.39	41.80	.003	48.97	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	298	1,149	148,319.22	129.09	.013	497.72	1.64
PRINCIPAL SURGEON	246	333	127,922.51	384.15	.004	520.01	1.41
ASSISTANT SURGEON	22	22	4,408.08	200.37	.000	200.37	.05
ANESTHESIOLOGIST	53	794	15,988.63	20.14	.009	301.67	.18
OUTPATIENT SURGERY	950	1,824	205,262.65	112.53	.020	216.07	2.27
PRINCIPAL SURGEON	913	1,311	195,254.53	148.94	.014	213.86	2.16
ASSISTANT SURGEON	3	3	442.60	147.53	.000	147.53	.00
ANESTHESIOLOGIST	55	510	9,565.52	18.76	.006	173.92	.11
DIALYSIS	22	47	5,302.98	112.83	.001	241.04	.06
PATHOLOGY	820	1,577	28,644.31	18.16	.017	34.93	.32
RADIOLOGY	1,789	2,601	77,962.75	29.97	.029	43.58	.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	100	201		17,958.64		89.35	.002	179.59	.20
OTHER SERVICES/ALL X-OVERS	2,952	8,475		144,752.93		17.08	.094	49.04	1.60
@PHARMACY	34,159	312,524	\$	10,436,188.34	\$	33.39	3.451	\$ 305.52	\$ 115.25
PRESCRIPTION DRUGS	33,885	117,096		10,231,206.94		87.37	1.293	301.94	112.98
SNF/ICF	729	4,675		253,640.10		54.25	.052	347.93	2.80
OUTPATIENTS	33,177	112,421		9,977,566.84		88.75	1.241	300.74	110.18
MEDICAL SUPPLIES	1,782	195,428		204,981.40		1.05	2.158	115.03	2.26
@DENTIST	1,190	6,294	\$	283,735.29	\$	45.08	.070	\$ 238.43	\$ 3.13
VISITS - DIAGNOSTIC	867	3,060		47,865.20		15.64	.034	55.21	.53
ORAL SURGERY	262	1,552		91,518.37		58.97	.017	349.31	1.01
DRUGS	10	13		200.00		15.38	.000	20.00	.00
ANESTHESIA	89	93		8,800.00		94.62	.001	98.88	.10
PERIODONTICS	19	20		1,696.00		84.80	.000	89.26	.02
ENDODONTICS	70	146		12,378.00		84.78	.002	176.83	.14
RESTORATIVE DENTISTRY	364	1,092		59,596.00		54.58	.012	163.73	.66
PROSTHETICS	4	4		90.00		22.50	.000	22.50	.00
DENTURES, STAYPLATES	121	240		60,011.15		250.05	.003	495.96	.66
SPACE MAINTAINERS	1	1		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	10	10		500.00		50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	13	16		1,005.57		62.85	.000	77.35	.01
ALL OTHER SERVICES	41	47		75.00		1.60	.001	1.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 2,558
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

----- MONTHLY AVERAGE -----									
90,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,738	4,522	\$ 105,148.35	\$ 23.25	.050	\$ 60.50	\$ 1.16		
DIAGNOSTIC AND ANC. PROCED	1,082	1,094	49,500.62	45.25	.012	45.75	.55		
EYE APPLIANCES	1,268	3,395	53,866.41	15.87	.037	42.48	.59		
OTHER OPTOMETRIC SERVICES	43	33	1,781.32	53.98	.000	41.43	.02		
@CHIROPRACTOR	617	1,189	\$ 19,463.58	\$ 16.37	.013	\$ 31.55	\$ .21		
VISITS	587	1,139	18,868.52	16.57	.013	32.14	.21		
OTHER SERVICES	30	50	595.06	11.90	.001	19.84	.01		
@PODIATRIST	460	723	\$ 18,698.11	\$ 25.86	.008	\$ 40.65	\$ .21		
MEDICINE/INJECTIONS	233	275	7,730.07	28.11	.003	33.18	.09		
SURGERY/ANES.	8	11	1,702.16	154.74	.000	212.77	.02		
RADIO./PATHOLOGY	34	58	989.54	17.06	.001	29.10	.01		
OTHER	228	379	8,276.34	21.84	.004	36.30	.09		
@HOME HEALTH AGENCY	139	878	\$ 57,156.17	\$ 65.10	.010	\$ 411.20	\$ .63		
NURSE ANESTHESIST	546	2,882	\$ 52,640.19	\$ 18.27	.032	\$ 96.41	\$ .58		
NURSE MIDWIFE	193	398	\$ 69,922.81	\$ 175.69	.004	\$ 362.29	\$ .77		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	11,452	60,784	\$ 6,944,306.38	\$ 114.25	.671	\$ 606.38	\$ 76.69		
HOSP INPATIENT TOTAL	889	3,663	5,192,444.62	1417.54	.040	5840.77	57.34		
HSC HOSPITALS	44	304	452,879.03	1489.73	.003	10292.71	5.00		
NON-HSC HOSPITAL TOTAL	597	2,511	4,539,636.37	1807.90	.028	7604.08	50.13		
ACCOMMODATIONS	596	2,511	1,773,649.77	706.35	.028	2975.92	19.59		
ADMINISTRATIVE DAYS	24	92	21,279.60	231.30	.001	886.65	.23		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	585	2,419	1,752,370.17	724.42	.027	2995.50	19.35		
ANCILLARIES	597	0	2,765,986.60	.00	.000	4633.14	30.55		
INPATIENT CROSSOVERS	252	848	199,929.22	235.77	.009	793.37	2.21		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	11,098	57,121	1,751,861.76	30.67	.631	157.85	19.35		
MEDICAL	4,268	6,211	363,741.22	58.56	.069	85.23	4.02		
SURGERY	1,002	1,284	71,346.03	55.57	.014	71.20	.79		
PATHOLOGY	3,842	16,490	205,401.08	12.46	.182	53.46	2.27		

RADIOLOGY	3,841	5,393		349,619.57	64.83	.060	91.02	3.86
ROOM USE	5,506	8,284		318,427.62	38.44	.091	57.83	3.52
CROSSOVERS/ALL OTH OUTPTNT	6,010	19,459		443,326.24	22.78	.215	73.76	4.90
@COUNTY HOSPITAL TOTAL	19	82	\$	14,474.68	\$ 176.52	.001	\$ 761.83	\$ .16
CO HOSPITAL INPATIENT TOTAL	5	13		12,466.01	958.92	.000	2493.20	.14
HSC HOSPITALS	4	10		11,626.01	1162.60	.000	2906.50	.13
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		840.00	280.00	.000	840.00	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	69		2,008.67	29.11	.001	133.91	.02
MEDICAL	2	3		128.95	42.98	.000	64.48	.00



SURGERY	1	1	5.81	5.81	.000	5.81	.00
PATHOLOGY	4	24	328.16	13.67	.000	82.04	.00
RADIOLOGY	1	3	382.52	127.51	.000	382.52	.00
ROOM USE	7	12	435.33	36.28	.000	62.19	.00
CROSSOVERS/ALL OTH OUTPTNT	10	26	727.90	28.00	.000	72.79	.01

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,559 01/29/04

90,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,440	60,702	\$ 6,929,831.70	\$ 114.16	.670	\$ 605.75	\$ 76.53
COMM HOSP INPATIENT TOTAL	885	3,650	5,179,978.61	1419.17	.040	5853.08	57.20
HSC HOSPITALS	40	294	441,253.02	1500.86	.003	11031.33	4.87
NON-HSC HOSPITALS TOTAL	597	2,511	4,539,636.37	1807.90	.028	7604.08	50.13
ACCOMMODATIONS	596	2,511	1,773,649.77	706.35	.028	2975.92	19.59
ADMINISTRATIVE DAYS	24	92	21,279.60	231.30	.001	886.65	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	585	2,419	1,752,370.17	724.42	.027	2995.50	19.35
ANCILLARIES	597	0	2,765,986.60	.00	.000	4633.14	30.55
INPATIENT CROSSOVERS	251	845	199,089.22	235.61	.009	793.18	2.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,087	57,052	1,749,853.09	30.67	.630	157.83	19.32
MEDICAL	4,266	6,208	363,612.27	58.57	.069	85.23	4.02
SURGERY	1,002	1,283	71,340.22	55.60	.014	71.20	.79
PATHOLOGY	3,839	16,466	205,072.92	12.45	.182	53.42	2.26
RADIOLOGY	3,841	5,390	349,237.05	64.79	.060	90.92	3.86
ROOM USE	5,501	8,272	317,992.29	38.44	.091	57.81	3.51
CROSSOVERS/ALL OTH OUTPTNT	6,002	19,433	442,598.34	22.78	.215	73.74	4.89
@STATE HOSPITAL	7	285	\$ 139,288.43	\$ 488.73	.003	\$ 19898.35	\$ 1.54
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	285	139,288.43	488.73	.003	19898.35	1.54
@NURSING FACILITY	663	19,112	\$ 2,093,501.25	\$ 109.54	.211	\$ 3157.62	\$ 23.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	40	22,126.00	553.15	.000	22126.00	.24
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	662	19,072	2,071,375.25	108.61	.211	3128.97	22.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	66	1,988	\$ 83,756.51	\$ 42.13	.022	\$ 1269.04	\$ .92
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	66	1,988	83,756.51	42.13	.022	1269.04	.92
@REHABILITATION FACILITY	76	576	\$ 14,773.67	\$ 25.65	.006	\$ 194.39	\$ .16
HOSPITAL BASED	76	576	14,773.67	25.65	.006	194.39	.16
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,604	11,700	\$ 174,157.23	\$ 14.89	.129	\$ 48.32	\$ 1.92
PATHOLOGY	3,595	11,679	173,995.75	14.90	.129	48.40	1.92
XO AND OTHERS	9	21	161.48	7.69	.000	17.94	.00
@ORGANIZED OUTPATIENT CLINIC	23,118	35,928	\$ 3,722,172.74	\$ 103.60	.397	\$ 161.01	\$ 41.10
CLINIC	92	369	16,081.51	43.58	.004	174.80	.18
SURGICENTER	0	0	85.00CR	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23,050	35,559	3,706,176.23	104.23	.393	160.79	40.93

#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 2,560 01/29/04

90,554 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,062	245,220	\$ 976,582.72	\$ 3.98	2.708	\$ 161.10	\$ 10.78
DURABLE MED. EQUIP.	368	949	183,714.52	193.59	.010	499.22	2.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	13	2,502.90	192.53	.000	278.10	.03
MEDICAL TRANSPORTATION	1,044	110,458	387,375.10	3.51	1.220	371.05	4.28
AMBULANCES/AIR TRANS	838	15,028	179,804.40	11.96	.166	214.56	1.99
OTHER TRANS	154	94,779	143,901.35	1.52	1.047	934.42	1.59
OTHER SERVICES	103	651	63,669.35	97.80	.007	618.15	.70
ACUPUNCTURE	2	3	70.28	23.43	.000	35.14	.00
ADULT DAY HEALTH CARE CTR	12	251	17,386.21	69.27	.003	1448.85	.19
GENETIC DISEASE TESTING	162	162	16,802.50	103.72	.002	103.72	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	12	59	9,419.59	159.65	.001	784.97	.10
OCCUPATIONAL THERAPIST	8	74	1,135.60	15.35	.001	141.95	.01
OPTICIAN	1,380	3,065	35,555.26	11.60	.034	25.76	.39
PHYSICAL THERAPIST	367	2,935	46,138.21	15.72	.032	125.72	.51
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	74	205	24,348.13	118.77	.002	329.03	.27
PROSTHETICS	74	204	24,259.44	118.92	.002	327.83	.27
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	124	258	18,822.09	72.95	.003	151.79	.21
HOSPICE SERVICES	0	0	557.13	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,170	14,537	124,547.83	8.57	.161	106.45	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,654	112,251	108,207.37	.96	1.240	65.42	1.19
@CALIF. CHILDREN SERVICES*	259	6,088	\$ 526,501.37	\$ 86.48	.067	\$ 2032.82	\$ 5.81
@XOVER EXCLUDING STATE HOSP**	4,231	37,130	\$ 525,021.68	\$ 14.14	.410	\$ 124.09	\$ 5.80

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.